



GALS Foundation, Inc Youth Program Application for 2025-2026

BASIC INFORMATION

Full Name: _____ **Sex:** ☐ Male ☐ Female
(First Name) (Last Name)

Date of Birth: _____ **Home Phone Number:** _____
(Month/Day/Year)

Permanent Address: _____

(City) (State)

Email address: _____



FAMILY INFORMATION

Parent's Physical Address, email and telephone number:

(If parents are separated, please provide information for both)

Are your parents: __ Married __ Single __ Divorced __ Separated __ Widowed

EDUCATIONAL BACKGROUND

Are you a high school graduate? ☐ Yes ☐ No **Date of graduation:** _____

In chronological order, list any secondary schools and colleges or universities that you may attend either in the U.S. or in another country. If you want to attend more than two schools, give the necessary information on a separate page.

Name		
Street Address and Location		
Dates Attended		

Major		
Diploma/Degree Received Is the Institution Public or Private		

Institution #1

Institution #2

**Please list if the Institution is public or private*

What is your intended field of study/major? _____

**What is your Second choice of study/major?* _____

**What is your Third choice of study/major?* _____

Please Provide the name, email address and phone number for the following:

**High School
Counselor:** _____

**High School
Principle:** _____

ENGLISH TRAINING

Is English your native language? ☐ Yes ☐ No **If “No,” what is your native language?**
_____ **How many years have you studied English?** _____

What is your SAT Score? Evidence Based Reading _____ Math _____
Date SAT taken: _____

What is your Composite ACT Score? _____

List any special skills or talents (*including sports*):

(Please be specific)

List any special awards or certificates you have received:

(Please be specific)

Please list any community service organizations, church groups or school clubs you've volunteered with:

(List activities as well, you may attach a separate page if more space is needed)

Please list any medical conditions and medications you may require:

(Asthma, seizures, diabetes, high blood pressure, HIV/aids, mental illness, depression, allergies, etc.):

Please list any medical conditions or medications you may have had in the past: _____

Please list any disabilities:

(Do you require any special assistive device or accommodations?)

Do you have any special dietary needs? Yes__ No__

(If yes please list)

Have you ever been suspended from school? Yes__ No__

(If yes please explain)

Have you ever missed an extended time from school? Yes__ No__

(If yes please explain)

Are you currently working or have you ever been employed? Yes__ No__

Where/Location: _____

Email form to gals2013@aol.com