

**ROPEWORLD**  
**APPLICATION**

Rites of Passage & Empowerment Program  
Youth Alive Step, Dance & Band  
WEB page: [ropeberkshires.org](http://ropeberkshires.org)

Parent(s) or  
Guardian(s): Name \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s) or  
Guardian(s): Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Scholar's Name: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Scholar's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Scholar Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

How did you learn about ROPE? \_\_\_\_\_

Your Interests: Reading  Sports  Arts  Other  \_\_\_\_\_

Do you like to travel away from the Berkshires? \_\_\_\_\_

Where/What places would you most like to Travel? \_\_\_\_\_

Allergies (Including Food Allergies): \_\_\_\_\_

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**Illnesses:** \_\_\_\_\_

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**Medications:** \_\_\_\_\_

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**Emergency Contact(s):** \_\_\_\_\_

**THIS SECTION IS TO BE COMPLETED BY THE PARENT(S)**

**Please tell us about your Scholar:**

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**Other Information we should know:** \_\_\_\_\_

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**What are your goals and expectations of the program for your scholar?**

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**What are your scholar's life goals?**

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**Please tell us how you may be able to be a part of your scholar's ROPE experience?**

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**THIS SECTION IS TO BE COMPLETED BY THE SCHOLAR**

**Please tell us about you: What are you doing now; what are you doing now that keeps you interested and motivated**

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**Tell us something positive about you that others do not know but you feel good about**

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**Tell us why you want to be a part of ROPE, your expectation, and your goals while you are in ROPE?**

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**Tell us about who you would like to be when you grow up?**

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