Relevé Program Application

Hosted by: SABOR DANCE TROUPE at COLUMBIA UNIVERSITY

Office Location and Mailing Address:

2385 Alfred Lerner Hall 2920 Broadway New York, NY 10027

sabor_board@columbia.edu

Se Habla Español: (516) 376-5319

1.	Name:					
	Las	t name	Firs	t		MI
2.	Date of Birth					
		Month /Da	y/ Year			
3.	O Female	O Male				
	Permanent ess:					_
		Street	City	/	State	Zip Code
5.	Guardian:				Telephone:	
Seco	ondary School	Information (To	be complete	d by Guidanc	e Counselor)	
6.	Current High	School:		•		
	High School ess:					
		Street	City	State	9	Zip Code
				_(optional)	O Sophomo	ore O
Junio	סר.				GPA:	
9. Tele _l	Guidance Cou phone:	nselor:				
	Signature:				_	
Date	:					
Prog	gram Preferen	ce				
10. [Dance Interest (_ Hip Hop _ Latin _ Bhangra (Ind _ Break Dance		eference)			

11. Pe	rforming Arts Interest (Rate l _ Drama/Theatre _ Vocal _ Art/Media _ Spoken Word/Poetry	based on preference)						
12.	Academic Program(s) of Stud O Pre-Med O Biological Sciences O Engineering O Mathematics O Pre-Law O Political Science	dy (Check all that apply) O English/Journalism O Dance O Art O Education O Theatre O Other:	O History/Anthropology O Foreign Language O Computer Science O Economics O Film					
	АР	PLICATION – Con't						
Perso	nal Statements							
1. I	1. In your eyes, what is your greatest academic achievement? Explain.							
2. T arts.	ell us about your inspiration,	passion, and/or experience	regarding the performing					
3. V	Where do you see yourself in	the next five years? Explain.						
Please type your answers to all of the above questions on a separate page. Answers should be at least 200 words per question.								
Studer	nt Signature		Date					
Parental Consent Form								
knowled and Co envirous of high progra progra issues	I hereby grant my son/dau bia University from Friday, N edge that my child will be uncolumbia University faculty. I an	der the care and supervision am aware that my child will be be exposed to informative a bility for notifying the coording that might affect my child's ation section below (for exaiversity or the people coording)	of Sabor Dance Troupe of Sabor Dance Troupe of in a college and appropriate elements nators of the Relevé participation in the mple, health or dietary					

Student Name

Days at Name a	_
Parent Name	
Parent Signature	Date
<u>Child Release Form</u>	
Upon admittance and registration to the Relevé program, (please check one):	, my child will
Be accompanied to Columbia University with a orientation who will be present with the student du Not be accompanied to Columbia University as process independently.	uring the program orientation.
Upon completion of the program, my child will (please che	eck one):
 Be picked up from Columbia University by a particle. Travel home on his or her own.* 	arent/guardian
Parent Name	_
Parent Signature	 Date
*After your child has checked out from the Relevé Progra under the supervision of Columbia University or Sabor Da	
Additional Information	
Please discuss or briefly mention any additional information needs that may require detailed attention and may hinder Relevé Program. Please be sure to include any health, dis issues. Any information that has not been taken into acco the registration of any child cannot be used against the U	his/her experience of the etary, and/or other relevant ount and placed on file prior to