***Coastal Classroom* Summer Institute Application 2014**

***Please check off location: Queens [ ] or Brooklyn [ ]***

*Si usted necesita información en español, ponerse en contacto por favor con Luis Gonzalez:* *lgonzalez@cityparksfoundation.org**.*

|  |  |
| --- | --- |
| Name:(Parent & Student)  |  |
| School: |  |
| Current Grade:2013-14 |  |
| Age: |  |
| Home phone: |  |
| Cell phone: |  |
| Email:(Parent & Student) |  |

**Why do you want to participate in the Coastal Classroom Summer Institute?**

**What do you hope to get out of this program?**

**What are your plans for this summer? Are you applying for other programs?**

**What are your career aspirations? What are your favorite subjects at school?**

**Are you interested in trying new things with new people? Why?**

**What change, if any, would you like to see in your neighborhood?**

**What questions do you have of us?**

**PLEASE RETURN** by email to Jesse Heffler at jheffler@cityparksfoundation.org or mail to **1234 5th Ave Rm 213 NY, NY 10029**

***For more information contact Chrissy Word at (212) 360-2787 or via email at cword@cityparksfoundation.org***