

**To be completed by counselor:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Name \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Current Grade \_\_\_\_\_



## Application

Student Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

School District: \_\_\_\_\_ School: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

### COUNSELOR INFORMATION

Your name & title: \_\_\_\_\_

Referring agency: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: Work (     ) \_\_\_\_\_ Home (     ) \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

What services are you providing to the applicant at this time? \_\_\_\_\_

\_\_\_\_\_

### APPLICANT BACKGROUND INFORMATION

Please circle the family situation in which the applicant is currently living:

Single parent

Natural parents

Step/Natural Parents

Foster family

Relatives

Other \_\_\_\_\_

Who resides in the household with the applicant? (Parent, siblings [with ages], grandparents, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle any of the "presenting problems" exhibited by the applicant:

Social	Emotional	Behavioral
Academic	Economic	Familial
Other _____ (e.g., low self-esteem, aggression, shyness)		None

How would you characterize the student's social development? Problem areas?

---

---

How would you characterize the student's school performance? Problem areas?

---

---

Is the child now receiving any special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_

Does the child participate in the subsidized school lunch program? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the applicant have any physical or health problems which would limit participation in a strength training program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

---

Does the applicant have any special problems of which his/her Friend Fitness mentor should be aware? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

---

Please use this space to suggest two or three specific goals which you would like to see this student address and that his/her Friend Fitness mentor might discuss, reinforce and monitor.

---

---

---

**Please Return Completed Forms to:**

**The Second Mile  
ATTN: Virginia Meadows  
1402 S. Atherton Street  
State College, PA 16801**