Basics Education and Navigation Program

Student Inquiry and Referral Form *(For youth ages 16–24)*

About This Opportunity

The **Basics Education and Navigation Program** is designed for motivated youth who want to strengthen their educational and personal pathways to success. This program helps students develop real-world life skills, explore career and education goals, and gain the confidence needed to take the next step forward.

Completion of this form does **not guarantee acceptance** into the program.
All submissions will be reviewed, and **those approved** will be contacted for next steps and orientation details.

Student Information

Name: _____ **Age:** _____
Current Grade Level or Education Status: _____
Current GPA (if known): _____**or Academic Performance Level:** ☐ Excellent ☐ Good ☐ Average ☐ Needs Support
School / Program Name: _____

Student's Phone Number: _____ **Email:** _____

Student Interest and Goals

1. How did you hear about the Basics Education and Navigation Program?

_____

2. Why would you like to be part of this program?
(Explain what interests you and what you hope to gain or learn.)

_____

_____

_____

3. What areas are you most interested in developing? (check all that apply)
☐ Education and Graduation Support
☐ Career Exploration and Job Readiness
☐ Leadership and Confidence Building
☐ Life Skills and Decision-Making
☐ Communication and Social Skills
☐ Financial Awareness
☐ Personal Growth and Independence

4. What are one or two personal goals you hope to reach within the next year?

_____

====Referral Section I. (To Be Completed by Authorized School or Program Staff)=====

This section should be completed by a school staff member, program coordinator, or other authorized official referring the student for consideration.

Name of Referring Staff/Official: _____
Title/Position: _____
Institution/Organization: _____
Email Address: _____
Phone Number: _____

Reason for Referral (check all that apply):
☐ Academic Growth ☐ Career or Transition Planning ☐ Leadership Development
☐ Behavioral / Social Support ☐ Life Skills Enrichment ☐ Other: _____

Brief Notes (optional):

Signature of Referring Staff/Official: _____ **Date:** _____

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Referral Section II: Parent or Guardian Consent- If being referred to by parent/legal guardian or for youth under 18 authorization, this step is required.

I give permission for my child to participate in the **Basics Education and Navigation Program**, if approved, and to be contacted regarding program details or follow-up.

Parent/Guardian Name: _____
Signature: _____ **Date:** _____
Phone/Email: _____

Acknowledgment

I understand that completing this form does not automatically qualify me for participation. If approved, I agree to take part in scheduled sessions, complete assigned activities, and show respect to program staff and peers.

Student Signature: _____ **Date:** _____

Return this form to your school counselor, teacher, or authorized program representative.

For questions or more information, contact: *mentorprofessionalstoleade@gmail.com*