



Personal Information

First Name _____ M.I. ____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone (1) _____

(2) _____

Email Address _____

Date of Birth _____

Have you had any experience with Starfire Programs?

Current Member

No

Former Member

Other _____

Educational History

High Schools Attended	City, State	Dates Attended	Graduation?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Extracurricular, Personal and Volunteer Activities	Dates
_____	_____
_____	_____

Honors/Awards/Other Recognition	Dates
_____	_____
_____	_____

Any other relevant classes after high school?	Dates
_____	_____
_____	_____

Work History

Employer	Nature of Work/Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transcripts

Provide copies of high school transcripts, portfolios, if applicable, and attendance records. Have them sent directly to Starfire at: 5030 Oaklawn Drive, Cincinnati, Ohio, 45227, or fax to (513) 281-2125.

Student Reference Forms

Have three references (one each of personal, educational, and other non-relative) complete the Student Reference Form enclosed. Send them by mail to 5030 Oaklawn Drive, Cincinnati, Ohio, 45227, email krista@starfirecouncil.org, or fax to (513) 281-2125.

Have you ever been suspended, removed, dismissed or expelled from an educational institution since the 9th grade? Yes No If Yes, Please Explain: _____

Have you ever been convicted of a misdemeanor, felony or other crime? Yes No
If Yes, Please Explain: _____

If there is any additional information you would like to provide, please attach a separate sheet with more details.

I certify that all information submitted in the admission process – including any supplements and supporting materials – is factually true and honestly presented. I understand that I may be subject to disciplinary action, including expulsion or admittance revocation, should the information I've certified be false.

Signature of Applicant

Date

Signature of Guardian (if Applicant is not their own Guardian)

Date

Guardian Name _____ Guardian Phone _____

Guardian Address _____

If there are any questions or concerns regarding the application process, please contact Krista Clinebell at 281-2100, or through email at krista@starfirecouncil.org.