



PROVIDENCE
COLLEGE

Urban Action Program

Application
(Please print)

Name: _____ Age: _____ Sex: M F (*circle one*)

Banner ID: _____ Cell Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone () _____ Email Address: _____

Summer Address (*if different*): _____

Dates at Summer Address: _____ to _____

Health Status:

*Please Note: All participants must have a health form on record with the Student Health Center **before** the program begins.*

Recent Illnesses: _____

Allergies: _____

Allergy Medication(s): _____

Other Conditions: _____

(Please elaborate on a separate sheet if necessary.)

Date of Last Tetanus Shot: _____ Dietary Restrictions: _____

Insurance Company Name: _____

Company Address: _____

Student Signature: _____

Parent/Guardian Signature: _____ Date: _____

Application, cont'd

Selection Essay:

Below, please describe any previous service experience you have had, and explain why you wish to participate in the Urban Action program.

Please return all materials (postmarked by July 17, 2009) to:
Urban Action
c/o SAIL Office
Providence College – Slavin Center 104
Providence, RI 02918