



PROVIDENCE  
COLLEGE

***Urban Action Program***

***Application***

*(Please print)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F (*circle one*)

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 13, 2007) to:  
Urban Action  
c/o SAIL Office  
Providence College – Slavin Center 104  
Providence, RI 02918