

Phoenix Chapter, Jack and Jill of America, Inc.
2019 BEAUTILLION CANDIDATE APPLICATION



Name:			
Date of Birth:			
Address:			
Telephone:		Alternate Number:	
Email Address:			

PARENT/GAURDIAN INFORMATION	
Mother/Guardian's Name:	
Mother/Guardian's Address:	
Mother/Guardian's Work Phone:	
Mother/Guardian's Home Phone:	
Mother/Guardian's Cell Phone:	
Mother/Guardian's Email Address:	
Father/Guardian's Name:	
Father/Guardian's Address:	
Father/Guardian's Work Phone:	
Father/Guardian's Home Phone:	
Father/Guardian's Cell Phone:	
Father/Guardian's Email Address:	

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SCHOOL INFORMATION	
Current School Name:	
Grade:	
School Location:	
List the school organizations of which you are presently a member and indicate any office held:	
List school honors and other awards received in the last three years:	

CHURCH/COMMUNITY ORGANIZATIONS	
List any church and/or community organizations of which you are presently a member and indicate any position held.	

Talents:	
List any talents under the following categories: Music, Voice, Creative Arts, Athletics, Other	

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WHAT ARE YOUR CAREER PLANS OR ASPIRATIONS?

The purpose of the Beautillion is to present highly motivated, talented young men with records of scholastic achievement and committed community service to the cultural and social community of the Valley of the Sun. *Explain why you want to participate in the 2019 Beautillion.*

Name the member of Jack
and Jill, Inc. who is
sponsoring you, if any:

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Are you presently employed?	
Are you planning on working in the spring?	

My parents and I will attend the meetings and required rehearsals as well as assist in every way possible to make this activity a meaningful experience.

Applicant's Signature:		Date	
Parent(s) or Guardian Signature		Date	
Parent(s) or Guardian Signature		Date	

Applications must be emailed no later than September 30, 2018 to:

Beautillion 2019 Chairpersons

Alisa Cutright-Thompson
Yvette Kinsey
and
Joan Sherwood
PHXBeaus2019@gmail.com

The signed Authorization for Release of Records Form for official transcript information must be returned with your application.

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AUTHORIZATION FOR RELEASE OF RECORDS FORM

The candidate's parent or guardian must complete and sign the Authorization for Release of Records Form for the release of the Official Transcript.

Date:			
Student Name:			
Student Date of Birth:			
Student Number:			
Address:			
Home Telephone:		Work:	
Current School:			
Previous High School Attended:			

I		, the parent or guardian of the above
named, authorizes a release of records of the Official Transcript to the following individual:		

Name of Parent(s) or Guardian:		
Signature of Parent(s) or Guardian:		
Address of parent or guardian:		
Telephone numbers of parent or guardian:		

Please return form email no later than September 30, 2018 to:

Beautillion 2019 Chairpersons

Alisa Cutright-Thompson

Yvette Kinsey

and

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COUNSELOR REPORT FORM

Please complete this form and return it in the stamped, addressed, envelope that has been provided by the candidate for your convenience. Please attach an Official Transcript of the candidate, which should include five semesters of complete course work.
(If necessary, attach the last grade report card.)

Candidate's Name:			
School:			
Length of time you have known the candidate (in years):			
Please indicate with an "x" the courses below which the candidate has complete or is currently enrolled.			
Mathematics	Language	Science	Special Ability Areas
<input type="checkbox"/> Algebra I	<input type="checkbox"/> French 1 2 3 4	<input type="checkbox"/> Biology	<input type="checkbox"/> Art
<input type="checkbox"/> Algebra II	<input type="checkbox"/> Spanish 1 2 3 4	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Vocal Music
<input type="checkbox"/> Geometry	<input type="checkbox"/> German 1 2 3 4	<input type="checkbox"/> Adv Bio/Chem	<input type="checkbox"/> Instrumental Music
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Latin	<input type="checkbox"/> Physics	<input type="checkbox"/> Physical Education
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Drama/Speech/Debate
Please give the cumulative grade point average for the total number of semesters completed:			
Please explain your grading system. If it is different from the standard high grade of A/4.0.			
Does the candidate have an exceptional ability or talent in any particular area?		If yes, indicate the area:	
Has the candidate discussed her post secondary plans with you?			
If yes, please explain:			
Counselor's Name:			
Counselor's Telephone:			
Counselor's Signature:			

Please return form email no later than September 30, 2018 to:

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COMMUNITY LEADER REPORT FORM
(Pastor, Coach, Volunteer Supervisor, etc.)

Please complete this form and return it in the stamped, addressed envelope that has been provided by the participant for your convenience.

Candidate's Name:	
Length of time you have known the candidate:	
In what ways have you been associated with the candidate?	
The purpose of the Beautillion is to present highly motivated, talented young men with records of high scholastic achievement and committed community service to the cultural and social community. Please explain how the candidate's involvement could enhance this effort.	
Community Leader's Name:	
Community Leader's Signature	
Address:	
Home Telephone:	
Email Address:	

Please return form email no later than September 30, 2018 to:

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Yvette Kinsey
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