



L.I.F.E. Program Student Application

APPLICATION DEADLINE: _____ (Date of Chapter Preference)

A. Applicant's Personal Information (Please Print)

Last Name	First Name	M.I.
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_____ Mailing Address

City	State	Zip Code
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Home Area Code & Phone	Student's Area Code & Cell Phone
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_____ Student's E-mail Address

Race/Ethnic Group	Gender
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Parent/Guardian (Please print)	Relationship to Applicant
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Parent/Guardian's Email Address	Area Code & Phone Number
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Signature of Parent/Guardian	Date
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Please indicate your primary interest from the choices below:

___ Foreign Affairs ___ International Business ___ Multicultural Relations

