



Program for Academically Talented at Hope

Lisa Frissora, PATH Director
 Hope College
 PATH Director/EDU
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Student Information:					
Full Name:					
<i>Last</i>		<i>First</i>		<i>M.I.</i>	
School/Grade for 2017-2018 year:					
School Building and District:					
PATH Class Interest for 2017-2018					
Grade Level for 2016-2017:				Birth date:	
Parent Information:					
Father:				Mother:	
		<i>Full Name</i>			
Address:				Address:	
Phone:		()		Phone:	
				()	
Cell Phone:		()		Cell Phone:	
				()	
Email:				Email:	
<p>My child _____ has permission to apply to the PATH program for the 2017-2018 school year. Upon his or her acceptance and commitment, I will be responsible for a \$40.00 non-refundable registration fee made payable to <u>Hope College</u> that is not paid by my child's district.</p>					
Parent Signature				Date	