

Summer Link 2023 Application

Summer Link is an enrichment program for current 5th–7th grade students who will enter 6th–8th grades in the 2023–24 school year. This application is to be completed by applicants and their parents/guardians. If you have any questions about completing or submitting the application, contact the Summer Link Director, Nate Edmunds (nedmunds@overlake.org).

Please mail your application to:

The Overlake School • Summer Link Program • 20301 NE 108th St. • Redmond, WA 98053

Student Name: _____
First Middle Last

Student Information:

- MALE FEMALE TRANSGENDER
- GENDER NON-CONFORMING

BIRTHDATE: _____

CURRENT SCHOOL: _____

HOW MANY YEARS HAS THE APPLICANT ATTENDED THEIR CURRENT SCHOOL? _____

CURRENT GRADE: 5th 6th 7th

LANGUAGES SPOKEN AT HOME: _____

RACE: *(optional)*

- ASIAN MULTIRACIAL
- BLACK NATIVE AMERICAN/ALASKA NATIVE
- CAUCASIAN NATIVE HAWAIIAN/PACIFIC ISLANDER
- MIDDLE EASTERN OTHER

IF YOU CHOSE "OTHER", PLEASE DESCRIBE: _____

DOES THE STUDENT IDENTIFY AS LATINO/A/X? YES NO
(optional)

Teacher/Mentor Recommendation:

Please list a current teacher (English, Social Studies, Math, or Science) that can complete a recommendation form to support your application. Summer Link will send the form directly to the teacher.

NAME: _____

RELATIONSHIP TO STUDENT: _____

EMAIL: _____

PHONE: _____

Economic Information:

ANNUAL HOUSEHOLD INCOME: _____

HOUSEHOLD SIZE: _____

In the last two years, has the applicant's household qualified for free or reduced lunch? YES NO

In the last two years, has the applicant's household qualified for WIC/SNAP/TANF? YES NO

How many parents/guardians in the applicant's household have graduated from a four-year college? _____

Parent/Guardian Contact Information:

PRIMARY ADDRESS

Parent/Guardian:

NAME: _____

RELATIONSHIP TO STUDENT: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Parent/Guardian:

NAME: _____

RELATIONSHIP TO STUDENT: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

ADDITIONAL ADDRESS

Parent/Guardian:

NAME: _____

RELATIONSHIP TO STUDENT: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Parent/Guardian:

NAME: _____

RELATIONSHIP TO STUDENT: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____



