

**ATTACH
PHOTOGRAPH
HERE**

Ulster Project

– Madison, IN & Enniskillen, NI –



Full Name: _____

Date of Birth: _____

Address: _____

Parent/Guardian Name(s)/Number(s): _____

Parent's Email: _____

Teen's Number: _____ **Teen's Email:** _____

Please tell us a little bit about yourself: _____

T-Shirt Size: small medium large XL XXL

Signed: _____ **Teen**

Signed: _____ **Parent/Guardian**

To be signed by your School Principal, School Counselor, or Teacher:

I support _____'s application for a place on the Ulster Project, and recommend him/her as a suitable participant.

Signed: _____ **Principal/School Counselor/Teacher**

School: _____

To be signed by a personal reference (ex. Priest, Minister, Youth Pastor, adult mentor):

I support _____'s application for a place on the Ulster Project, and recommend him/her as a suitable participant.

Signed: _____ **Personal Reference**

Relationship: _____

APPLICATION FORMS TO BE RETURNED TO:
PO BOX 422 MADISON, IN 47250
OR EMAILED TO PRESIDENT@MADISONULSTER.ORG

TELL US ABOUT YOU

What are your hopes or plans for the future?

Why are you interested in participating in the Ulster Project and what would you hope to gain from the experience?

What makes you a suitable candidate for the Ulster Project and what qualities would you bring to the group?

How do you spend your free time?

List your current church / club activities:

How would your best friend describe you?

How do you help / serve others?
