



Outreach Program Registration Form

Steps for Success Saturday and
City of South Gate College & Career Expo
South Gate Middle School
April 5, 2008

The Hispanic Scholarship Fund values your privacy and will not release any of your personal information.
Please complete only one (1) registration form **per family**.
THIS IS NOT A SCHOLARSHIP APPLICATION.

Please tell us about the adults attending the event. Please include yourself if you are an adult.

First Name	Middle Initial	Last Name	Ethnicity		Highest education completed		Will this parent attend the program?	
			Hispanic ___ White ___ Other ___	African American ___ Asian ___	Elementary ___ Middle School ___ High School ___	Comm. College ___ 4-yr University ___ Post-Graduate ___	Yes	No
			Hispanic ___ White ___ Other ___	African American ___ Asian ___	Elementary ___ Middle School ___ High School ___	Comm. College ___ 4-yr University ___ Post-Graduate ___	Yes	No

Please tell us about the children attending the event. Please include yourself if you are a child.

First Name	Middle Initial	Last Name	Grade	School	Will this student attend the program?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No

Address City State Zip Code

Phone Parent preferred language

Parent E-Mail Student E-Mail

Parent E-Mail Student E-Mail

Yes, I'd like to receive HSF mailings

Mail to: Hispanic Scholarship Fund
700 S. Flower St., Suite 2106, Los Angeles, CA 90017

OR

Fax to: Hispanic Scholarship Fund
213-623-5219