

C.R.A.F.T., Inc.
Student Adoption Program
Enrollment Form

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email address _____

Birthdate _____

College/University _____

School Address _____

City _____ State _____ Zip _____

Phone (____) _____

Parents'/Guardians 'Name(s) _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____

College Major/ Minor _____

Year in school in Fall _____

Year of planned graduation from College _____

Tell us a little about you.

Church _____ Pastor _____

Awards/Scholarships _____

Special Activities/ Memberships _____

Hobbies/ Special Interests _____

Career Plans _____
