



## APPLICATION OF INTEREST

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

School: \_\_\_\_\_

Position: \_\_\_\_\_

How did you hear about Adam's Apples Foundation? \_\_\_\_\_

Which program(s) are you interested in?

- Apple Program
- Core Connector Initiative

Preferred method of contact:

- Phone
- Email

Would you like to be added to our mailing list?

- Yes
- No

I give permission for Adam's Apples Foundation to contact me

*Please submit this form to [karly@adamsapples.ca](mailto:karly@adamsapples.ca)*