



# Cleveland Metroparks Fellowship Program Application

The Fellowship Program values diverse strengths and experiences.  
We welcome students of all abilities and backgrounds.

## STUDENT INFORMATION

|  |                            |                             |
|--|----------------------------|-----------------------------|
| NAME (First and Last Name)   | DATE OF BIRTH (mm/dd/yyyy) | School/Grade                |
| ADDRESS (Number, Street, City, State Zip Code)   |                            |                             |
| TELEPHONE (Mobile)   | EMAIL ADDRESS              | GENDER/HOW DO YOU IDENTIFY? |
| How did you hear about the Cleveland Metroparks Fellowship Program?<br><input type="checkbox"/> Social Media <input type="checkbox"/> School/Community Presentation <input type="checkbox"/> Cleveland Metroparks Website <input type="checkbox"/> Community Event <input type="checkbox"/> Other: _____ |                            |                             |
| Aside from sports, what is your favorite hobby or interest(s)?   |                            |                             |

## PARENT/GUARDIAN INFORMATION

| Name | PHONE | EMAIL | ADDRESS (if different) |
|------|-------|-------|------------------------|
|      |       |       |                        |

## PARENT/GUARDIAN CONSENT

The Cleveland Metroparks Fellowship Program encourages students to participate in all program activities unless medically unable. Activities may include career-focused projects, workshops, and occasional outdoor experiences.

☐ I am aware that my child is applying to the Cleveland Metroparks Fellowship Program.

☐ I understand that, if selected, they will participate in a structured program that requires completing a capstone project to receive the stipend.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT ESSAY

Instructions: Write 3–4 sentences for each question. Continue on a separate sheet if needed.

Describe a time when you faced a challenge and how you overcame it. What did you learn from that experience?

What role do hands-on experiences, learning opportunities, or extracurricular activities play in your life, and how do they impact your personal growth?

Why are you interested in the Fellowship Program and what skills or qualities would you bring to your group?

## STUDENT CERTIFICATION

I certify that the information I have provided in this application is complete and accurate to the best of my knowledge.

☐ I understand the requirements of the Cleveland Metroparks Fellowship Program, including participation in program activities and completion of a capstone project.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_