



**Collegedale Academy's
Grades K-8 Partnering for Eternity Program
Student Application for 2024-25**



Returning Participants Application Deadline for priority consideration: June 6, 2024

You will be notified of your acceptance into the program by our K-8 PFE Coordinator, Kelly Myers with information on your required online account and orientation. You may begin your visits after acceptance.

Student First Name _____ Student Last Name _____

Upcoming Grade _____

Parent First Name _____ Parent Last Name _____

Parent Email _____

Parent Phone Number (____) _____ - _____

Please tell us why you would like to participate in PFE.

Have you participated in PFE in the past: YES or NO (circle one). *If NO, skip to the next section*

[] I participated in Collegedale Academy's PFE program for ____ years.

What grades were in you in during your participation in PFE? _____

[] I participated in _____ *(name the school)* for ____ years.

What grades were in you in during your participation in PFE? _____

Please list your previous PFE program's coordinator's name and contact info you have.

[] I participated in a PFE program last school year

I understand and agree to the following:

[] I will submit a reflection within 24 hours of my visit each week.

[] I will attend orientation prior to starting visits for the year.

[] I understand 100% of my scholarship will be applied to my tuition.

Photo Release

I permit PFE to use images I am in for marketing, newsletters, and internal reporting. – YES or NO *(circle one)*

I permit PFE to use videos of me for marketing, newsletters, and internal reporting. – YES or NO *(circle one)*

See back of this sheet or the next page to complete your mentor's Profile information



**Collegedale Academy's
Grades K-8 Partnering for Eternity Program
Mentor Profile
for the 2024-25 school year**



*Prior to being accepted into this year's program we must have your mentor information completed.
(If you need to fill this out for your mentor, please be sure you have a conversation with him/her about the details).*

Mentor First Name _____ Mentor Last Name _____

Address _____

Email _____

Phone Number (_____) _____ - _____

Number of Years as a mentor in the PFE Program (circle)

- 1
- 2
- 3
- 4
- 5+

Life Career _____

Mentor's Current Living Arrangement

(nursing home residents/patients and individuals with Alzheimer's are ineligible to be PFE mentors)

- Own home
- Assisted living
- Independent living
- With family