



Student Application

If you have any questions or concerns about this application, please contact us by email at info@seespotlove.org or by phone at (516) 654-4609.

Applicant Information

Student's Full Name: _____ Today's Date: _____
Last First M.I.

Date of Birth: _____ Gender: _____

Home Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Which Subway Lines Are Close to Your Home: _____

Home Phone: _____ Email _____

Cell Phone: _____

School Name: _____ Grade Level: _____

School Address: _____

Preferred Language: _____

Ethnicity:

White	<input type="checkbox"/>	Native American or American Indian	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Prefer Not to Disclose	<input type="checkbox"/>		

How did you hear about See Spot Love? _____

Legal
Guardian's
Full Name: _____ Date of
Birth: _____
Last First M.I.

Relationship to Student: _____

Home
Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home
Phone: _____ Email: _____

Cell Phone: _____ Work
Phone: _____

Preferred Language: _____

Emergency
Contact's
Full Name: _____ Date of
Birth: _____
Last First M.I.

Relationship to Student: _____

Home
Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home
Phone: _____ Email: _____

Cell Phone: _____ Work
Phone: _____

Preferred Language: _____

Household Information

Annual household income:

Under \$15,000	<input type="checkbox"/>	\$35,000 to \$49,999	<input type="checkbox"/>	\$100,000-\$124,999	<input type="checkbox"/>
\$15,000 to \$24,999	<input type="checkbox"/>	\$50,000 to \$74,999	<input type="checkbox"/>	\$125,000-\$149,999	<input type="checkbox"/>
\$25,000 to \$34,999	<input type="checkbox"/>	\$75,000 to \$99,999	<input type="checkbox"/>	Over \$150,000	<input type="checkbox"/>

Please provide the following information for all individuals who live at the same address as the student who will be fostering the dog:

Full Name	Relationship to Student	Date of Birth

Have all members of the household agreed to have a foster dog at this home? YES ☐ NO ☐

If not, please explain why you believe it would nonetheless be appropriate to bring a foster dog into the home:

Please provide the following information for all pets who currently live at the same address as the student who will be fostering the dog:

Name	Age	Gender	Species (e.g. dog, cat, rabbit)	Breed (e.g. Labrador, Chihuahua, Yorkie)

Are all the above-listed pets spayed/neutered (skip if not applicable)? YES ☐ NO ☐

If not, please indicate which pets are not yet spayed/neutered:

Has the student or any other members of the household previously owned a pet? YES ☐ NO ☐

If yes, please indicate what happened to each of those pets:

Has the student or any other members of the household ever been charged or convicted with a felony or misdemeanor? YES ☐ NO ☐

If yes, please feel free to provide an explanation to help us better consider your application:

Does the student or any other member of the household have any history of substance abuse (e.g. alcoholism, drug use) or violence in the home? YES ☐ NO ☐

If yes, please feel free to provide an explanation to help us better consider your application:

Home Environment

What type of residence do you live in (e.g. apartment, duplex, shared house, single family home): _____

Do you own or rent your residence? OWN
☐ RENT
☐

Are you allowed to have a dog at your residence (e.g. by your building or landlord)? YES
☐ NO
☐

Are there any restrictions (e.g. by your building or landlord) on the size or types of dog you are allowed to have at your residence? YES
☐ NO
☐

If yes, please specify what these restrictions are: _____

Where will your foster dog be kept during the day (e.g. inside the house, in the yard, in the garage, in the basement):

Where will your foster dog sleep at night (e.g. in the student's bedroom, in the kitchen, in the living room, in the yard):

References

Please list two personal references who are not family members and let them know that we may call them. If you currently own or have previously owned a pet, please also provide contact information for the veterinarian who takes care of (or took care of) your pets.

Full Name: _____ Relationship: _____

Phone: _____

Full Name: _____ Relationship: _____

Phone: _____

Veterinarian Name: _____ Phone: _____

Address: _____

Certification and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application is approved, I understand that false or misleading information in my application or during the home visit may result in the immediate termination of my participation in programs and activities organized by See Spot Love, Inc. and the forfeiture of any funds (including scholarship funds) earned through my participation in such programs and activities.

I understand that See Spot Love, Inc. may share information from this application with its partners and affiliates, including dog rescue organizations, and expressly consent to this sharing of information.

The signatures below may be entered electronically (i.e. typed rather than signed by pen). I agree that by signing this application electronically, my signature below will be deemed as signed by me and, as such, legally binding.

Signature of
Student: _____ Date: _____

Signature of
Legal
Guardian: _____ Date: _____

Please submit this application by email to info@seespotlove.org.