

GENERATION RAP APPLICATION

NAME:	
	AGE: GRADE: GPA:
CELL NUMBER:	EMAIL:
SOCIAL MEDIA ACCOUNTS:	
SCHOOL AND COMMUNITY EXTRACURE	RICULAR ACTIVITIES:
PARENT/GUARDIAN INFORMATION	
	RELATION TO APPLICANT:
EMAIL:	NUMBER:
THREE RECOMMENDATIONS	
NAME:	
TITLE:	RELATION TO APPLICANT:
RECOMMENDATION:	
NAME:	
	RELATION TO APPLICANT:
NAME:	
	RELATION TO APPLICANT:
RECOMMENDATION:	
REOUIREMENTS	& QUALIFICATIONS (Click for G-Rap info.)
	s City area • Participate in community service projects
14-18 years of age	Participate in training and evaluations
Mataria 2.5 CDA	Ealland Canton Day of Carry and 1999

- Maintain 2.5 GPA
- Parental consent

- Follow Carter Broadcast Group policies
- Attend weekly Pre-show and Post-show meetings

WRITE A ONE PAGE ESSAY ON YOUR DESIRE TO BE ON GENERATION RAP

PLEASE SUBMIT ESSAY WITH APPLICATION TO GRAP@KPRS.COM or CARTER BROADCAST GROUP, 11131 COLORADO AVE, KCMO 64137 (816)765-2040

FOR OFFICE USE ONLY DATE RECEIVED: ______ BY MENTOR: __