

*Pearls of Service Foundation Incorporated*

# IVY LEAGUE

Investing **V**alues in our **Y**outh through **LEA**dership, **G**uidance **U**nity and **E**mpowerment

**Deadline to complete applications - July 9, 2025**

Name _____		
Address _____		
City _____	State _____	Zip _____
Telephone _____	Cell phone _____	
Email _____		

School _____	Grade _____
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date of Birth _____	
List your hobbies/interests/extracurricular activities: _____ _____ _____	
List one extraordinary event or activity you have participated in or achieved: _____ _____	

After graduation from high school, what are your goals? _____ _____
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Parent/Guardian Information:	
Name _____	
Telephone _____	Cell phone _____
Email _____	

**Your \$50.00 non-refundable Sponsorship for each membership is Tax Deductible**



Explain what expectations you have as a member of the Ivy League :

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Consent Form

I hereby request and consent that my child or ward,

\_\_\_\_\_ be permitted to participate in  
the Pearls of Service Foundation, Inc Ivy League.

I further understand that this program is for enhancing leadership development, making wise life decisions, volunteering service in the Memphis community and cultivating youth. My child or ward may be photographed, and/or mentored, by a member of Pearls of Service Foundation Inc, or its' designee associated with this program. By signing below, I release Pearls of Service Foundation Inc – Ivy League, its' members and other volunteers associated with this program from any liability or any injury, loss, or damage connected in any way whatsoever with participation in this program.

I, \_\_\_\_\_, as a participant in the  
Ivy League - pledge to follow any conduct rules and acknowledge that my failure to obey rules and requirements may result in my removal from the program.

Signature of Participant \_\_\_\_\_

Signature of Parent(s) \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Please send completed applications by July 9th, 2025 to  
[theivyleagueprogram@gmail.com](mailto:theivyleagueprogram@gmail.com)