



## Weighted Drawing Application

**Child's Name:** \_\_\_\_\_ **Child's DOB or EDD (required):** \_\_\_ / \_\_\_ / \_\_\_

**Check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Federal Employee @ GAO HQ                    | <input type="checkbox"/> Tiny Findings Employee                                 |
| <input type="checkbox"/> Applying for Sibling Preference (see policy) | <input type="checkbox"/> Submitting a sibling application in concurrent lottery |
| <input type="checkbox"/> Federal Employee outside GAO HQ              | <input type="checkbox"/> Submitting a scholarship application                   |
| <input type="checkbox"/> Federal Contractor @ GAO HQ                  |   |

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**Parent / Guardian 1**

\_\_\_\_\_  
Name Home Phone / Home Email

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Employer (required) Work Phone / Work Email

\_\_\_\_\_  
Work Address

**Parent / Guardian 2**

\_\_\_\_\_  
Name Home Phone / Home Email

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Employer (required) Work Phone / Work Email

\_\_\_\_\_  
Work Address

**Please indicate whether this is your first application or whether this is a renewal application, and attach a payment for the corresponding fee.**

     **Original Application: \$125**      **Renewal Application: \$25**

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**Center Management Use Only**

Check #                      Amt.                      Rec'd by:                      Date:

Drawing Date:

Offer Letter Sent:

Returned (Accepted/Declined):

Start Date:

Class:

Contact Notes: