

HTLC/LCM Adopt-A-Student program

Welcome to our HTLC/LCM Adopt-A-Student program. This program is intended to provide a way for students and members of HTLC to form stronger relationships. By getting to know one another better, we will come to better support one another.

HTLC members will get to know LCM students through at least 2-3 contacts each semester. Students, as they get to know the members, will hopefully find the members to be supporters and advocates for them as they seek to live lives of faith on this campus.

Remembering one another at birthdays and holidays or inviting students for a meal or ice cream are just some examples of the possibilities of this program. As students enter the University they are often adjusting and growing in their identity and this program has the potential of making a positive difference during this time. Because adjusting to college life and each new semester is difficult, the students' initial time allotment for this commitment may change; if someone becomes too busy or if matches don't work out, we will all understand.

If interested, please fill out the appropriate student or member questionnaire form available on-line at <http://www.holytrinitychapelhill.org/lcm/lcmadoptform.asp> or fill out a form available in the church office and return by September 12th. We will be having a "Meet and Greet" during Luther's Café on September 19th. If you have any questions, please contact Sylvia Black, Cheryl Bolick, or Pastor Mark.

HTLC/LCM Adopt-A-Student 2010
Student Questionnaire

Name: _____ Class: _____

Local Address: _____

Home Address: _____

Home Congregation: _____

E-mail: _____ Phone # _____

Best way to contact: _____

Best times to get together: _____

Request for a particular parent: _____

Preferences: ___Family with kids ___Sr. citizens ___No preference _____Other (Please specify)

Major or Career goal: _____

Other places you have lived: _____

Favorite Food: _____

Hobbies: _____

Siblings? yes no If Yes, Ages? _____

Pet Allergies? Yes no If Yes, please specify: _____

Food Allergies*? yes no If Yes, please specify: _____

In My Free Time, I Like to: _____

If I Could Go Anywhere on Vacation, I Would Go to: _____

My Favorite Thing to do with My Family is: _____

One sentence on why you wish to participate in the "Adopt-A-Student" program:

HTLC/LCM Adopt-A-Student 2010
HTLC member Questionnaire:

Name: _____

Local Address: _____

Home Address: _____

Home Congregation: _____

E-mail: _____ Phone # _____

Best way to contact: _____

Best times to get together: _____

Request for a particular student: _____

Preferences: ___Male ___Female ___Either

Occupation(s): _____

Other places you have lived: _____

Favorite Food: _____

Hobbies: _____

Children in the home: yes no If yes, Names & Ages? _____

Pets? Yes no If yes, please specify: _____

In my (our) free time, I (we) like to: _____

If I(we) could go anywhere on vacation, I (we) would go to: _____

One sentence on why you wish to adopt a student: _____
