

# *The Cinderella Project*

**EVA**

of Sayville  
4840 Sunrise Hwy.  
Sayville, New York 11782  
(631) 567-6650  
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## **Student Referral Form**

*Please Fax to (631) 567-6925 or scan and send as e-mail attachment to [eva.pappas@gmail.com](mailto:eva.pappas@gmail.com).*

Date \_\_\_\_\_

Student Name \_\_\_\_\_

School District \_\_\_\_\_

Referring Teacher/Counselor Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Is the student's GPA 3.0 or higher? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answer no please attach a statement explaining why you believe this student should be considered.

Does the student have any special needs we should be aware of? \_\_\_\_\_

If yes please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Cinderella Project of EVA Boutique respects the privacy of all students. No student information will be published or used in any manner, with the exception of contact for participation in our program, without explicit consent from the student and their guardian.

*Once Upon a Time is Now...*