



The Legacy Associates Foundation "Tracking Program"

Name: _____

Permanent Address: _____

Permanent phone#: _____

College/University: _____

School Address: _____

Current Employer & Position: _____

Mobile Number: _____

Email address: _____

College Major: _____

List 3 goals you wish to achieve within the next year:

1. _____

2. _____

3. _____

What are your professional aspirations & goals?

What kind of activities do you have interests in?

When are you going to be home again? Please list dates over the next 12 months.

* What do you think the Legacy Associates Foundation can do to assist you most?

Send to:
Legacy Associates Foundation
65 Cadillac Square Suite 2200
Detroit, Michigan 48226
Phone 313.309.3230 Fax 313.961.6769