

PROJECT FIGHTING CHANCE
A 501(c)3 Non-Profit Organization
EIN # 27-4954748

ARTICLES OF INCORPORATION # C3324939 - 8/23/2010

Contact: Terry Boykins, Executive Director
Tel: 909.838.9117 | E-mail: director@projectfightingchance.org
Web: projectfightingchance.org

Physical Address: 1717 W. 5TH St. San Bernardino CA 92411

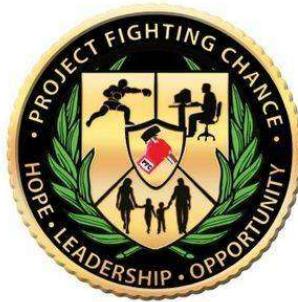
SUMMARY

Project Fighting Chance is a nationally recognized award-winning non-profit organization focused on amateur boxing fitness and training with an integrated trauma-informed after-school arts enrichment program serving youth ages 8 - 18. During Covid, Project Fighting Chance was named 2020 California Nonprofit of the Year. And continues to be recognized by Local, County and State agencies for its work with youth afterschool to reduce childhood violence, aggression trauma, obesity + food insecurity over the lifespan. Project Fighting Chance implements best practices to develop discipline and resilience which fosters behavior modification related to social emotional needs, physical fitness, nutrition, and academic performance. No cost open enrollment and orientation is ongoing throughout the year with facility tours available on Tuesday and Thursday from 3:00pm – 4:30pm; program services are provided Monday - Friday, 3:00pm to 6:00 pm. A legal guardian or caregiver must be present for enrollment.

PROCEDURE

Step One: Read Project Fighting Chance summary to interested legal guardian and/or caregivers.
Step Two: Complete Student Referral Questionnaire (SRQ).
Step Three: Legal guardian brings Student Referral Questionnaire to: Project Fighting Chance. 1717 W. 5th St. San Bernardino, CA 92411. Days: Tue/Thu. Time: 3pm-5pm. Must complete Project Fighting Chance Enrollment and Emergency forms in-person or online.

Student Referral Questionnaire | **Return This Section Only**



Submit To: Project Fighting Chance

E-mail: director@projectfightingchance.org

Attention: New Enrollment

Telephone: 909-838-9117

AGENCY: _____

NAME: _____ **DATE OF REFERRAL:** _____

EMAIL: _____

TELEPHONE 1: _____ **TITLE:** _____

TELEPHONE 2: _____

STUDENT INFORMATION

NAME: _____

DATE OF BIRTH: _____

ETHNICITY: _____

GENDER: _____

PRIMARY LANGUAGE: _____

ADDRESS: _____

SCHOOL: _____

GRADE LEVEL: _____

CAREGIVER INFORMATION

NAME: _____

RELATIONSHIP: _____

PRIMARY LANGUAGE: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

REASON FOR REFERRAL AND AREAS THAT ARE MOST CONCERNING: (EMOTIONAL AND/OR BEHAVIORAL)