

PROJECT FIGHTING CHANCE
A 501(c)3 Non-Profit Organization
EIN # 27-4954748
ARTICLES OF INCORPORATION # C3324939 - 8/23/2010

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

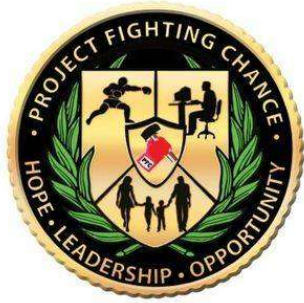
SUMMARY

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

Attention: New Enrollment

E-mail: director@projectfightingchance.org

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)