

Application for Student Enrollment

Please submit your completed application either by email or mail:

Kisha Cheung, Student Service Associate:

kcheung@ccfutures.org

Or Mary Williams, Program Advocate:

mwilliams@ccfutures.org

Or by mail to:

**Chester County Futures
50 South 1st Avenue, Suite 105
Coatesville, PA 19320**

All of the following must be included:

- Parent Application including:
 - Income Verification
 - Total annual parental or guardian financial
 - Student Residency Verification
- Student Application

Parent Application

Name of Student: _____ **Date:** _____
 (Fill in, Please Print)

Total Household Gross Income – Attach current income tax return (1040)

Name List everyone in household and the income each earns OR check the box at the right if they have no income	Include current pay stub		Welfare, Child Support, Alimony		Pension, Social Security Disability		Other income: self-employed, unemployment		Check if NO income ✓
Name	Gross Income	Frequency	Income	Frequency	Income	Frequency	Income	Frequency	

Total number in household: _____ Total amount of gross household annual income: _____

Name of Parent/Guardian: (Please Print): _____

Signature of Parent/Guardian: _____

The following documentations are needed to complete this application:

Documents:

Most Recent Income Tax Return (1040) _____

Last two pay stubs for parents/guardians in household _____

Copy of **one** of the following:

- Student Birth Certificate _____
- Current Green Card _____
- Social Security Card _____
- Passport with Current Visa _____

Please answer all questions thoroughly and attach the necessary documentation. Return the completed application to the Guidance Office OR your application can be emailed to Futures Program Advocate Mary Williams: mwilliams@ccfutures.org or mailed to Chester County Futures: 50 South 1st. Avenue, Suite 105, Coatesville, PA 19320.

Upon receipt of the completed application:

- Chester County Futures (Futures) staff will set up phone interviews to determine student eligibility for the program.
- If a student is accepted into Futures, the parent and student will receive a notice in writing.
- A representative from Futures may be in touch with you if there are any questions regarding this application.

Sample Documents Needed With Complete Application

1040 Department of the Treasury—Internal Revenue Service (99) **2013** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning . . . , 2013, ending . . . , 20

U.S. Individual Income Tax Return

Your first name and initial: **CLIFFORD J** Last name: **RAVENSCHRAFT, II** Your social security number: **22222**

If a joint return, spouse's first name and initial: **STEPHANIE R** Last name: **RAVENSCHRAFT** Spouse's social security number: **123-45-6789**

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **12345**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name: **USA** Foreign province/state/country: **NC** Foreign postal code: **27611**

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. ▶
 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
 5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
 b Spouse
 c Dependents:

(1) First name	(2) Dependent's last name	(3) Dependent's social security number	(4) Dependent's relationship to you	(5) If child under age 17, qualifying for child tax credit (see instructions)	(6) Boxes checked on 6a and 6b
RAVENSCHRAFT	RAVENSCHRAFT	123-45-6789	Daughter	<input checked="" type="checkbox"/>	2
RAVENSCHRAFT	RAVENSCHRAFT	987-65-4321	Son	<input checked="" type="checkbox"/>	3
RAVENSCHRAFT	RAVENSCHRAFT	555-44-3333	Daughter	<input type="checkbox"/>	

d Total number of exemptions claimed: **5**

Income

Line	Description	Amount
7	Wages, salaries, tips, etc. Attach Form(s) W-2	122,292.
8a	Taxable interest. Attach Schedule B if required	40.
8b	Ordinary dividends. Attach Schedule B if required	
9	Qualified dividends	
10	Taxable refunds, credits, or offsets of state and local income taxes	
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	
14	Other gains or (losses). Attach Form 4797	
15a	IRA distributions	
15b	IRA taxable amount	
16a	Pensions and annuities	
16b	IRA taxable amount	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	156,941.
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	
20a	Social security benefits	
20b	Social security taxable amount	
21	Other income. List type and amount	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	279,273.

Adjusted Gross Income

Line	Description	Amount
23	Educator expenses	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	
25	Health savings account deduction. Attach Form 8889	
26	Moving expenses. Attach Form 3903	
27	Deductible part of self-employment tax. Attach Schedule SE	
28	Self-employed SEP, SIMPLE, and qualified plans	
29	Self-employed health insurance deduction	
30	Penalty on early withdrawal of savings	
31a	Alimony paid b Recipient's SSN ▶	
32	IRA deduction	
33	Student loan interest deduction	
34	Tuition and fees. Attach Form 8917	
35	Domestic production activities deduction. Attach Form 8903	
36	Add lines 23 through 35	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	279,273.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate Instructions. BAA REV 01/07/14 PRO Form **1040** (2013)

22222	a Employee's social security number 123-45-6789	OMB No. 1545-0008
b Employer identification number (EIN)	55-5765489	1 Wages, tips, other compensation: 48,500.00 2 Federal income tax withheld: 6,835.00
c Employer's name, address, and ZIP code	The Big Company 12 Main Street Anywhere, NC 28111	3 Social security wages: 50,000.00 4 Social security tax withheld: 3,100.00 5 Medicare wages and tips: 50,000.00 6 Medicare tax withheld: 725.00 7 Social security tips: 8 Allocated tips: 9 Verification code: 10 Dependent care benefits: 11 Nonqualified plans: 12a D: 1,500.00 12b DD: 1,000.00 12c P: 4,800.00 12d 13 Salary, private: <input type="checkbox"/> Retirement plan: <input checked="" type="checkbox"/> 14 Other: <input type="checkbox"/>
d Control number	A1B2	e Employee's first name and initial: Last name: Suffix: Jane A. Doe 123 Elm Street Anywhere Else, PA 17111
f Employee's address and ZIP code	PA 124578	15 State wages, tips, etc.: 50,000.00 16 State income tax: 1,535.00 17 Local wages, tips, etc.: 50,000.00 18 Local income tax: 750.00 19 Local income tax: AW 20 Locality name: 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

W-2 Wage and Tax Statement **2017** Department of the Treasury—Internal Revenue Service
 Form Copy 1—For State, City, or Local Tax Department

EMPLOYEE NAME		SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE
James Robert		XXX-XX-6666	454545	259248	01/23/14-01/29/14	01/31/14
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	FICA MED TAX: 14.50 FICA SS TAX: 62.00 FED TAX: 159.50 CA ST TAX: 44.26 SDI: 10.00	14.50 310.00 797.48 221.31 50.00	72.50 310.00 797.48 221.31 50.00
YTD GROSS	5,000.00	YTD REDCTIONS	1,451.28	YTD NET PAY	3,548.72	TOTAL: 1,000.00 DEDUCTIONS: 290.26 NET PAY: 709.74

Student's Name: _____

Date of birth: _____

Parent/Guardian Information: (Please print)

Name of Parent/Guardian(s): _____

Address: _____

How many Parents/Guardians live in the home?:

Phone:

Mother: Home: _____ Cell: _____ Email: _____

Father: Home: _____ Cell: _____ Email: _____

Student: Home: _____ Cell: _____ Email: _____

Mother/Guardian's highest level of education completed: (Please check)

Elementary: Middle School: High School: Technical School: College:

Graduate School:

Degree received? Yes: No: If yes, list degree:

Father/Guardian's highest level of education completed: (Please check):

Elementary: Middle School: High School: Technical School: College:

Graduate School:

Degree received? Yes: No: If yes, list degree:

Please list all members of your household and their relationship to the student:

Name:

Relationship:

What is the primary language spoken in the household?:

Do you have access to the Internet in your household (Yes/No)?:

Are any of these technology devices used in the home (Yes/No)?:

Ipad: Smart Phone: Computer: Other:

Ethnicity:

- Hispanic
- Caucasian
- African American
- Asian
- Native American
- Other:

Parent/Guardian place of employment, if applicable:

Mother:

Work Phone Number:

If necessary, may we call you at work?:

Father:

Work Phone Number:

If necessary, may we call you at work?:

How do you expect Chester County Futures to help your son or daughter?:

Parent/Guardian Release of School Records

Date: _____

Please complete and sign the form below giving authorized Futures' staff access to review your child's school records. Review is required in order for a student to be considered for the Chester County Futures program.

Please Print

Student: _____
Last Name First Name Middle Name

Student's Date of Birth: _____

I hereby authorize the: _____ to release all school records
(Insert your School District)

or copies of records, for the above named student.

- **Information received shall remain in strict confidence and shall be used by professional staff and, if assigned, the student's mentor only.**
- **This release form shall remain in effect throughout the student's participation in the Chester County Futures' program.**

Student Signature: _____

Date: _____

Name of Parent/Guardian (Please Print): _____

Parent/Guardian Signature: _____

Parent/Guardian Permission For Participation

Thank you for partnering with us as we provide your student with the support, information and resources to assist in reaching his/her post-secondary school dreams. We need your help to be most effective and are proud to be a part of your lives.

Student: _____
Last Name First Name Middle Name

Parent/Guardian Name: _____

Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

Please initial:

If my son/daughter is accepted into Chester County Futures:

- I understand that the program involves mandatory weekly meetings:
- I understand that parents are responsible for arranging transportation to and from Futures' meetings and special events:
- I understand that in order for my son/daughter to complete financial aid forms in their senior year, I must provide tax information:
- I understand that, with my permission, my son/daughter may be matched with a one-to-one adult mentor through Futures:

Photo/Video Release

I understand that on occasion Chester County Futures uses photos or videos on its website, social-based media and/or for program-related promotional materials. I also understand that Chester County Futures will never identify students by last name.

I authorize Chester County Futures to use electronic images of my child in promotional materials.

Parent/Guardian Name (Print): _____ Student Name (Print): _____

Parent Signature: _____ Date: _____

Student Application

Congratulations!

You have been nominated for the Chester County Futures program. Chester County Futures (Futures) is an academic enrichment, mentoring and post-secondary scholarship program that is offered to students like you who are motivated and wish to attend college or technical school.

We would like to get to know you! What are your interests, who are you, what inspires you, and who do you look up to in your life? Please answer all questions thoroughly.

Your Name: _____

In the space below, please write three words that best describe you:

Your Middle School: _____

Your Home Phone: _____

Your Cell Phone: _____

Your E-mail: _____

Your Home Address: _____

Student Questionnaire

Student Name: _____ Date: _____

Please print clearly!

Please give a brief explanation of how participating in Chester County Futures will help you to succeed?:

Please tell us something that you would like us to know about you.:

Why is attending college or technical school important to you?:

Are you involved in any activities or clubs in school or in your community? Please describe:

Student Questionnaire (Continued)

What is your favorite subject in school and why?

What is your least favorite subject in school and why?

What do you do in your spare time?

What person in your life has had the greatest influence on you? Why?

What career field(s) interest you and why?:

Student Section

Student Questionnaire (Continued)

Chester County Futures requires a significant commitment on the student's part. If you are accepted into the program, you must attend weekly after-school meetings.

Will you be able to make that commitment?:(Yes/No/Maybe):

Please explain your answer:

Please tell us any additional information about yourself that you would like us to know:

Student Questionnaire (Continued)

Academic and Program Standards for Chester County Futures

1. Maintain a minimum "C" average in all classes.
2. Attend school.
3. Attend all Chester County Futures meetings.
4. Display mature and respectful conduct in and out of classroom.
5. Attend all Chester County Futures student special events.
6. Participate in at least one community volunteer activity event per year.

Student Signature: _____

Date: _____