

# Application for Student Enrollment

Please submit your completed application to:

[kdickinson@ccfutures.org](mailto:kdickinson@ccfutures.org)

**The following must be included:**

- Parent Application including:
  - Student Residency Verification
- Student Application including:
  - **Optional:** Two Teacher Recommendations provided by:  
Teacher 1 \_\_\_\_\_  
Teacher 2 \_\_\_\_\_



**The following information is required to complete this application:**

**Documents:**

A 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. Place both portions of the completed application in the envelope provided and return to the school's guidance office or to the email address provided.**

**Upon receipt of the completed application:**

- Chester County Futures (Futures) staff will set up appointments through the guidance office, to interview students at the school to determine their 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.



## Parent Application

**Student's Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Information:**

**Name of Parent/Guardian(s):** (Please print)

**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 (Please circle)? Yes or No

Are any of these technology devices used in the home? (Check all that apply)

\_\_ 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? Yes \_\_\_\_ No \_\_\_\_

Father: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

If necessary, may we call you at work? Yes \_\_\_\_ No \_\_\_\_

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

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## 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, or copies  
(School District)  
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 in the spaces provided:**

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

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: \_\_\_\_\_

Please write three words that best describe you:

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

### **Your Middle School:**

\_\_\_\_\_

Your Home Phone: \_\_\_\_\_ Your Cell Phone: \_\_\_\_\_

Your E-mail: \_\_\_\_\_



## Student Questionnaire

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print clearly (you may use additional paper if you need more space)**

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

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

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Why is attending college or technical school important to you?

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

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## Student Questionnaire (Continued)

What is your favorite subject in school and why?

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What is your least favorite subject in school and why?

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What do you do in your spare time?

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

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## Student Questionnaire (Continued)

What career field(s) interest you and why?

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**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:

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Please tell us any additional information about yourself that you would like us to know. (Please use additional paper if necessary.)

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## 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:** \_\_\_\_\_



## Teacher Recommendation

The student named below has been nominated to become a Chester County Futures student. Chester County Futures (Futures) is an academic enrichment, mentoring and post-secondary scholarship program that is offered to students who are motivated and wish to attend college or technical school. For more information about Futures, please visit our website at [www.ccfutures.org](http://www.ccfutures.org).

Two teacher recommendations are required to complete this student's application. One of those recommendations may be completed by a guidance counselor, coach or professional staff. Please return the completed recommendation to the Guidance Department. Thank you for your time.

**Student's Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**How long have you known this student?** \_\_\_\_\_

**What is your relationship to this student?** \_\_\_\_\_

**Student's Personal Qualities:** \_\_\_\_\_

\_\_\_\_\_

Please circle the responses which best describe the student you are recommending:

<b>Task</b>	<b>Below Average</b>	<b>Fair</b>	<b>Good</b>	<b>Excellent</b>	<b>Outstanding</b>
Perseverance in doing tasks	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Reaction to criticism	1	2	3	4	5
Classroom leadership	1	2	3	4	5

Please share how you think Chester County Futures can benefit this student. Kindly include examples of his/her motivation, academic promise, and/or ability to relate to adults and whatever information you consider relevant about his/her family situation. If necessary, please continue on the back of this sheet.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_