RESET

KANSAS KIDS @ GEAR UP – REGION 3

500 S.W. Van Buren, Topeka, KS 66603

STUDENT APPLICATION FOR ADMISSION (GRADES 7 – 12)

Student Name: _____ SSN: _____ DOB: _____ AGE: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Other Phone: _____ Email: _____

This application must be completed in its entirely (4 pages) for the student to be eligible for the program.

Personal Information

Gender:
☐ Male ☐ Female

Ethnicity:
☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ White
☐ Native Hawaiian or Pacific Islander
☐ Two or More Races
☐ Race and/or Ethnicity Unknown

U.S. Citizen ☐ Yes ☐ No

Permanent Resident ☐ Yes ☐ No

Does the student have limited English speaking ability?
☐ Yes ☐ No

Is the student currently:

In foster care? ☐ Yes ☐ No

In JJA custody? ☐ Yes ☐ No

Is the student eligible for the free or reduced lunch program?
☐ Yes ☐ No

What is the size of the family household (including student)?
☐ 1 ☐ 2
☐ 3 ☐ 4
☐ 5 ☐ 6
☐ 7 ☐ 8+

Academic Information

Current School: _____

City: _____

Current grade level: _____

School attended previous year: _____

City: _____

Does the student have an IEP?
(Individual Education Plan) ☐ Yes ☐ No

Has the student taken the ACT or SAT?
☐ Yes ☐ No

If yes, what was the score: _____

Has the student taken the PSAT?
☐ Yes ☐ No

If yes, what was the score: _____

Is the student currently failing any subjects in school?
☐ Yes ☐ No

If yes, list subjects: _____

Please list any subjects that the student needs help with: _____

Is the student currently participating in any other tutoring or assistance programs?
☐ Yes ☐ No

If yes, please list: _____

Does the student have any special needs? (learning or physical)
☐ Yes ☐ No

If yes, please note: _____

Family/Foster Family Information

Relationship:
☐ Legal Guardian
☐ Parent
☐ Foster Parent

Parent/ Guardian Name: _____

Address: ☐ same as above

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Social Worker Information

Name: _____

Agency: _____

Phone: _____

Fax: _____

Email: _____

Emergency Contact Person

other than any person named above

Name: _____

Relationship: _____

Phone: _____

Cell: _____

I certify that all the information I have provided is valid and correct to the best of my knowledge. I understand that all information is kept strictly confidential

Parent/ Guardian/ Social Worker Signature _____ Date: _____

Agency (if applicable): _____

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Parent/Guardian Survey

☐ **Baseline** ☐ **Follow Up**

Please take your time and complete the following survey. Your answer will remain confidential and anonymous. The information provided in this survey is vital in helping Kansas Kids @ GEAR UP develop the best program possible.
Thank you for participating!

Student Name: _____

Parent Name: _____

Relationship to Student: ☐ **Parent** ☐ **Foster Parent** ☐ **Guardian** ☐ **Soc. Wkr. / Case Mgr.**

1. Has anyone from your child's school or GEAR UP ever spoken with you about College Entrance requirements?

☐ Yes ☐ No

2. Has anyone from your child's school or GEAR UP ever spoken with you about the availability of Financial Aid to help you pay for college?

☐ Yes ☐ No

3. Have you talked with your child about attending college?

☐ Yes ☐ No

4. What is the highest level of education that you think your child will achieve?

☐ High School or less
☐ Some college but less than a 4-year college degree
☐ 4-year college degree or higher

5. Do you think that your child could afford to attend a public 4-year college using financial aid, scholarships, and your family's resources?

☐ Definitely ☐ Probably Not
☐ Probably ☐ Definitely Not
☐ Not Sure

6. What is the highest level of education that you have completed?

☐ Less than high school
☐ GED
☐ High School diploma
☐ Some College
☐ Bachelor's Degree
☐ Graduate School

7. Has anyone in your family ever gone to college?

☐ Yes ☐ No

8. Which of the following could be a reason that your child wouldn't continue your education after high school? (check all that apply)

☐ It costs too much. We can't afford it.
☐ My child's needs to work.
☐ My child's grades aren't good enough.
☐ My child is not interested in college.
☐ My child wants to join the military.

9. My child's grades are usually: (select only one)

☐ A's ☐ C's
☐ B's ☐ D's
☐ A's & B's ☐ F's

10. I know enough about college requirements to help my child choose the necessary high school classes:

☐ Yes ☐ No

11. I am aware of the requirements for the following forms of post-secondary education: (check all that apply)

☐ Two-year community college
☐ Four-year college or university
☐ Vocational/Trade/Technical school

12. I am aware of the following forms of financial aid: (check all that apply)

☐ Federal Pell Grant ☐ State Scholarships
☐ Federal Work Study ☐ Athletic Scholarships
☐ Academic Scholarships ☐ Student Loans
☐ Institutional Scholarships

13. Do you think that your child could afford to attend a public 4-year college or university after high school?

☐ Definitely ☐ Probably Not
☐ Probably ☐ Definitely Not
☐ Not Sure

14. On a scale of 1-5 to what extend are you knowledgeable about financial aid and the cost & benefits to your child in pursuing post-secondary education? (1= no knowledge, 5 = extremely knowledgeable)

☐ 1 ☐ 4
☐ 2 ☐ 5
☐ 3

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Student Survey

☐ **Baseline** ☐ **Follow Up**

Please take your time and complete the following survey. Your answer will remain confidential and anonymous. The information provided in this survey is vital in helping Kansas Kids @ GEAR UP develop the best program possible.
Thank you for participating!

Student Name: _____

1. What is your current grade level?

☐ Grade 6
☐ Grade 7
☐ Grade 8
☐ Grade 9
☐ Grade 10
☐ Grade 11
☐ Grade 12
☐ Other _____

2. Has anyone from your school or GEAR UP ever spoken with you about college entrance requirements?

☐ Yes ☐ No

3. Has anyone from your school on GEAR UP ever spoken with you about the availability of financial aid to help you pay for college?

☐ Yes ☐ No

4. What is the highest level of education that you expect to obtain?

☐ High School or less
☐ Some college but less than a 4-year college degree
☐ 4-year college degree or higher

5. Do you think that you could afford to attend a public 4-year college using financial aid, scholarships, and your family's resources?

☐ Definitely
☐ Probably
☐ Not Sure
☐ Probably Not
☐ Definitely Not

6. Which of the following could be a reason that your child wouldn't continue your education after high school? (check all that apply)

☐ It costs too much. We can't afford it.
☐ My child's needs to work.
☐ My child's grades aren't good enough.
☐ My child is not interested in college.
☐ My child wants to join the military.

7. What type of student do you consider yourself to be?

☐ Excellent
☐ Good
☐ Average
☐ Poor

8. What kind of grades did you make last year?

☐ A's
☐ B's
☐ A's & B's
☐ C's
☐ D's
☐ F's

9. What is the highest level of education that you would like to obtain?

☐ High school or Less
☐ GED
☐ Associates (2-year)
☐ Bachelor's (4-year)
☐ Master's Degree
☐ Doctorate/MD/JD

10. I am aware of the courses I need to take in high school in order to prepare for college

☐ Definitely
☐ Probably
☐ Not Sure
☐ Probably Not
☐ Definitely Not

11. I am aware of the requirements for the following forms of post-secondary education: (check all that apply)

☐ Two-year community college
☐ Four-year college or university
☐ Vocational/Trade/Technical school

12. I am aware of the following forms of financial aid: (check all that apply)

☐ Federal Pell Grant
☐ Federal Work Study
☐ Academic Scholarships
☐ Institutional Scholarships
☐ State Scholarships
☐ Athletic Scholarships
☐ Student Loans

13. I believe that I can receive an education beyond high school and complete college

☐ Definitely
☐ Probably
☐ Not Sure
☐ Probably Not
☐ Definitely Not

14. On a scale of 1-5 to what extend are you knowledgeable about financial aid and the cost & benefits to your child in pursuing post-secondary education? (1= no knowledge, 5 = extremely knowledgeable)

☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

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PROGRAM/SCHOLARSHIP APPLICATION RELEASE FORM

Please check "*Yes*" or "*No*" to each of the following releases.

Yes *No* **1. Medical Release:** (Middle and High School students only.)

I hereby authorize the Kansas Kids @ GEAR UP program (the "Program") to make available to the student any and all emergency medical and dental services deemed necessary or appropriate by the Program (the "Services") upon the occurrence of an "emergency situation" (as determined by the Program in its sole discretion). I hereby voluntarily agree not to sue and agree to release, waive, discharge and hold harmless Wichita State University, the Program and any of their respective successors, affiliates, agents and representatives (collectively, the "Program Parties") with respect to any liability, claims, demands, actions or rights of action for any death, injury, physical or mental damage or any other harm suffered by me or the student in connection with the Services made available by the Program as described in this paragraph. In addition, I will indemnify and hold the Program Parties harmless from and against any and all claims, demands, damages, losses, liabilities, penalties, fines, lawsuits and other proceedings and costs and expenses (including attorneys' fees), which accrue to or are incurred by any Program Party in connection with the Services made available by the Program as described in this paragraph.

Yes *No* **2. Travel Release:** (Middle and High School students only.)

I hereby authorize the Program to provide transportation to the student with respect to program activities, including but not limited to campus visits and field trips (the "Transportation"). I hereby voluntarily agree not to sue and agree to release, waive, discharge and hold harmless the Program Parties with respect to any liability, claims, demands, actions or rights of action for any death, injury, physical or mental damage or any other harm suffered by me or the student in connection with the Transportation. In addition, I will indemnify and hold the Program Parties harmless from and against any and all claims, demands, damages, losses, liabilities, penalties, fines, lawsuits and other proceedings and costs and expenses (including attorneys' fees), which accrue to or are incurred by any Program Party:

a) *in connection with the Transportation, and*
b) *as a result of any criminal act of malice, vandalism, theft, or other unlawful behavior performed by the student during his/her trips sponsored by the Program.*

Yes *No* **3. School Records Release:**

Pursuant to my signature below, I hereby:

a) *authorize the Program Parties to inspect and copy any academic, attendance, disciplinary and/or financial aid information relating to the student (the "Information") that is in the possession of any academic or financial institution, and*
b) *permit any academic or financial institution to disclose to the Program Parties any information in the possession of such academic or financial institution.*
c) *Authorize the program staff to meet with the student before, during or after school hours.*

Note: Students are ineligible for the Kansas Kids @ GEAR UP program without granted permission for a School Records Release due to reporting requirements enforced by the United States Department of Education.

Yes *No* **4. Photo Release:**

I hereby authorize the Program Parties to use the student's photograph in conjunction wish such student's given name (or fictitious name) for reproduction in any medium that the Program Parties see fit for purpose of advertising, display, exhibition or editorial use.

* * *

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THE FOREGOING. I HAVE HAD AN OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE SERVICES, TRANSPORTATION, AND RELEASES DESCRIBED HEREIN AND THE MEANING OF THE RELEASES, WAIVERS AND INDEMNIFICATIONS PROVIDED HEREIN. ALL OF SUCH QUESTIONS HAVE BEEN ANSWERED.

I agree to all of the foregoing with the intent to be legally bound on behalf of myself, the student and the spouse or other relatives of myself and/or the student, if any, and to the extent that I am able to do so, any heirs, executors, administrators and assigns. It is intended that if any portion hereof is held invalid, the remainder shall remain in full force and effect.

Student Name: (Printed) _____ SSN/College ID _____

Parent / Guardian / Social Worker Signature _____ Date: _____

(Student signature if over age 18.)