#CAPSM Program Student Application Form

Applicant Information

NAME:					
	Last Name	First Nam	e	Middle Initial	
ADDRESS: _	Street	City	Ctata	ZIP	
PHONE/	Street	City	State	ZIP	
EMAIL:	Phone Number	Cell Numl	per 1	Email	
	I none Number	Cell Ivulii	Jei 1	anan	
Date of Bir	th (MM/DD/YY):		Gender: Mal	e Female	
Grade Leve	el: 🗌 11th (Junior) 🔲 12th (Sen	or)			
HIGH SCHO					
NAME:	Last Name	First Nam	ue .	Middle Initial	
HIGH SCHO					
	Street	City	State	ZIP	
				Zii	
Current G	PA (if applicable) Cumulative GI	'A:			
CAREER I	NTERESTS (check all that apply	·):			
Architect Audio/Vi Business Business Commun Education Engineer Finance, Governm Distribut Health So	n, Training, Library Science ing, Mathematics, Research/Science (STEI Banking, Accounting ent, Public Administration, Planning, Trar ion & Logistics cience (Medicine, Dentistry, Nursing, Phar	ration an Resources (1) sportation, macy)	☐ Information Technology, ☐ Law ☐ Marketing, Advertising, I ☐ Military Services (e.g., Ar ☐ Performing & Fine Arts, Grublic Safety, Correction ☐ Sales	Promotion my, Marines, Navy, or Reserves) Graphic Design, Fashion Design s & Security etive, Cosmetology, Construction, cian)	
NAME:	Last Name	First Nam	ie	Middle Initial	
ADDRESS: _					
PHONE/	Street	City	State	ZIP	
EMAIL:	Phone Number	a ll v	,		
	Phone Number	Cell Numl	per 1	Email	
Emerger	ncy Contacts				
NAME:	Last Name First Nar	ne	Last Name	First Name	
PHONE/			2000 1101110	2 1100 2 101110	
EMAIL:	Phone Number Email		Phone Number	Email	

Parental Consent & Responsibility

As	the parent or legal guardian of
(he	ereinafter to as "she" or "her" or "he" or "his"), I hereby certify and affirm the following:
1.	I am legally entitled to give consent for her/his participation in the #CAP SM program.

- 2. I acknowledge that she/he will be enrolled in 11th or12th grade in good academic standing.
- 3. I am aware that upon application to the #CAPSM program, I must provide a copy of her/his most recent grade report.
- 4. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
- 5. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for the #CAPSM admissions process and #CAPSM which may also include community service and cultural enrichment activities.
- 6. I understand that it is my responsibility to make sure that she/he is present at all scheduled activities.
- 7. I authorize permission for her/him to attend all #CAPSM excursions that are off-site from the regular meeting place.
- 8. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the #CAPSM program personnel.
- 9. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
- 10. I authorize the #CAPSM program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
- 11. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel in print or electronic media used to promote the program.
- 12. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
- 13. I relieve Alpha Kappa Alpha Sorority, Inc. and #CAPSM program personnel from any liability that may arise during her/his involvement in the #CAPSM program meetings and activities.
- 14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
- 15. Termination of a student's involvement in #CAPSM will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

PARENT/LEGAL GUARDIAN PRINTED NAME:			
TAKENTI LEGAL GUARDIAN TRINTED NAME.			
RELATIONSHIP TO APPLICANT/PARTICIPANT:			
,			
PARENT/LEGAL GUARDIAN SIGNATURE:		_ DATE:	
CONTACT NUMBED	EMAII •		

Alpha Kappa Alpha Sorority, Incorporated — #CAPSM 2018-2022 application

Student Code of Conduct & Responsibility Contract

As a participant of the #CAPSM program:

- 1. I agree to abide by the rules and regulations set forth by the $\#CAP^{SM}$ personnel and to conduct myself with respect.
- 2. I agree to be cooperative and follow instructions ensuring that I respect adults and all #CAPSM personnel.
- 3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
- 4. I will provide a copy of my recent grade report with the application and upon request of the $\#CAP^{SM}$ personnel.
- 5. I will remain in good academic standing.
- 6. I understand that I must notify the #CAPSM program personnel of any absence from Program activities.
- 7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
- 8. I will participate in workshops and activities that seek to prepare me for the CAPSM admissions process.
- 9. I will be fully engaged in attending program meeting and activities that may include civic and cultural activities.
- 10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the #CAPSM program personnel.
- 11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
- 12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc. and #CAPSM program personnel in print or electronic media for promotion of the program.
- 13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
- 14. I will evaluate the #CAPSM program when requested

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the #CAPSM program.

Student/Applicant Printed Name:
DATE:
Student/Applicant Signature:
Contact Number:
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#CAPSM Pre/Post-Assessment

Na	me:								
Us	ing the scale that follows, please choose t	the number that	t best describes you	ır response to	the ite	ems l	elou	·.	
		1 = STRONGLY	DISAGREE • 2 = DISAGREE	• 3 =Neutral • 4	=Agree	• 5 =	Stron	GLY A G	REE
1.	I know very little about the best place to start for the college admission process.				1	2	3	4	5
2.	I am familiar with Coalition, Common, a	and Universal co	ollege applications.		1	2	3	4	5
3.	I plan to apply to more than one college	for admission.			1	2	3	4	5
4.	I know that some colleges have both an	online and pape	r application proce	SS.	1	2	3	4	5
5.	I plan to apply to colleges that I cannot a	afford.			1	2	3	4	5
6.	Additional materials are often requested	l with my college	e application.		1	2	3	4	5
7.	I must decide on my major before apply	ing to college.			1	2	3	4	5
8.	I should apply for financial aid even if I	don't think I qua	ality.		1	2	3	4	5
9.	My parents' tax return has no bearing or	n my dependenc	ey status.		1	2	3	4	5
10.	10. I should not apply to a college if my admission-test scores and grades are below the college's published ranges.				1	2	3	4	5
Ple	ease provide the following information:								
1.	Gender:								
2.	Race/Ethnicity:								
3.	Are you from a: Rural Area Urban Area	Suburban Area							
4.	Do you participate in other activities outside of school? If so, please list those activities.								
									_
5.	What type of high school do you attend:	Public Private	☐ Parochial	☐Home sch	nool				-
6.	What is the makeup of the student popu	lation at the hig	h school you attend	 1?					
		☐ Majority Hispanic ☐ Majority White/Caucasiano ☐ Equal Mix of All Groups		☐ Majority African American ☐ Majority Asian American ☐ Other					-
		All Female	All Male						
7.	Do you participate in a college preparatory program (e.g., magnet, honors, etc.)?								
8.	Do you take courses outside of your regular high school classes (e. g., Saturday classes, college courses)?			Ye	es 🔲	No			

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