



Ward 7 & 8 Scholars Program Student Application 2019-2020

Please print clearly. Use ink. NO PENCILS please.
Please turn in applications to the DC-CAP Advisor in your high school.

Student Information

Name: (Last)	(First)	(Middle)
Home Address:		Apt. #
City:	State:	Zip Code: Ward:
Student Cell Phone: ()		Student E-mail:
Age:	Home Phone:	
(month/day/year)		
Birth date:	DCPS ID Number:	SSN#:

Parent/Guardian Information

Name:	Relationship to Student:
Email Address:	
Cell Phone: ()	Work Phone: ()

Education

High School:	Planned Graduation Year:
Current Grade Point Average (GPA): _____	Most Recent Combined SAT Score: _____
Are you enrolled in an Academy? Yes No If yes, what is the Academy's area of focus?	
Favorite Subject(s):	
Extracurricular Activities:	
Do you have an Individual Education Plan? Yes No	

General Information

<input type="checkbox"/> African	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latin American	<input type="checkbox"/> Other _____
<input type="checkbox"/> American Indian/Alaskan Native		

Are you employed? Yes No If yes, where?

What is your work schedule?

*I hereby consent to and authorize the use of my photo by The DC College Access Program in any of their promotional materials, including but not limited to brochures, web site and videos. I certify that the information contained in this application is true and complete to the best of my knowledge. All information provided will be treated as confidential solely and will only be used by the DC College Access Program (DC-CAP) for the purpose of assessing candidates' qualifications for acceptance into The Ward 7 & 8 Scholars Program. I authorize The **District of Columbia College Access Program (DC-CAP)** to have access to my high school/college/university academic, financial, and enrollment records. I authorize DC-CAP to amend this form with the name of a new institution in the event I transfer from the high school designated above. I authorize DC-CAP to share my student record data with my institution of attendance. I authorize DC-CAP to share my financial and social security number with the DC-CAP banking institution in order to facilitate the processing of any scholarship awards. I authorize DC-CAP to access and share my records with the **DC Public and Public Charter School System, DC Office of the State Superintendent of Education (OSSE)** and the **U.S. Department of Education** for the sole purposes of college access, enrollment and financial aid verification. This authorization is valid for a maximum of **six years** after high school graduation or upon graduation from college, whichever comes first.*

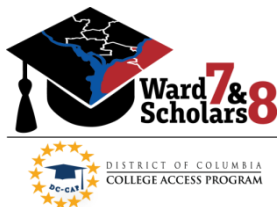
PARENT/GUARDIAN SIGNATURE REQUIRED IF STUDENT IS UNDER 18:

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received:	Grade Point Avg:



Ward 7 & 8 Scholars Program Parent/Guardian Application 2019-2020

Please print clearly.

Please turn in Parent Application with Student Application to the DC-CAP Advisor in your student's high school.

Parent/Guardian Information

Name: (Last)	(First)	(Middle)	
Home Address:			Apt. #
City:	State:	Zip Code:	Ward:
Parent Cell Phone: ()		Parent E-mail:	
Gender: <input type="checkbox"/> Male	<input type="checkbox"/> Female	Home Phone:	
(month/day/year)			
Birth date:		Marital Status:	

Student Information

Name:	SSN#:
Relationship to Student:	High School:

Parent/Guardian Education

Please tell us the highest grade or degree you and /or your spouse completed:
Have you received additional training:
Hobbies or volunteer activity:

Parent/Guardian Employment

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where? How long?
If your work hours are unusual (not "9 to 5"), please tell us what they are:

What is the best time for you to meet for workshops/training?

General Information

<input type="checkbox"/> African	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latin American	<input type="checkbox"/> Other _____
<input type="checkbox"/> American Indian/Alaskan Native		

Demographic Information – This information is used for program evaluation in order to provide appropriate services. This information will not be shared with any other agency.

Household Income

<input type="checkbox"/> \$0 - \$4999	<input type="checkbox"/> \$50,000 - \$59,999
<input type="checkbox"/> \$5,000 - \$9999	<input type="checkbox"/> \$60,000 - \$69,999
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$70,000 - \$79,999
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$80,000 - \$89,999
<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> \$90,000 - \$99,999
<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> \$100,000+

Language(s) spoken in the home other than English:

Is there anything else you would like us to know about your family?

I hereby consent to and authorize the use of my child's photo by The DC College Access Program in any of their promotional materials, including but not limited to brochures, web site and videos. All information provided will be treated as confidential solely and will only be used by the DC College Access Program (DC-CAP) for the purpose of assessing candidates' qualifications for acceptance into The Ward 7 & 8 Scholars Program. I authorize DC-CAP to amend this form with the name of a new institution in the event I transfer from the high school designated above. I authorize DC-CAP to share my student record data with my institution of attendance. I authorize DC-CAP to share my financial and social security number with the DC-CAP banking institution in order to facilitate the processing of any scholarship awards. I authorize DC-CAP to access and share my records with the DC Public and Public Charter School System, DC Office of the State Superintendent of Education (OSSE) and the U.S. Department of Education for the sole purposes of college access, enrollment and financial aid verification. This authorization is valid for a maximum of six years after high school graduation or upon graduation from college, whichever comes first.

I certify that the information contained in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Application Rec'd.