



912 East Cota Street, Santa Barbara, CA 93103
Phone (805) 617-4588 Fax (805) 275-4141 Email: office@projectexcelsb.org

Project Excel Number (PEN#)* _____

2009-10 Project Excel Application Packet

(Please complete application and mail or present to Project Excel in person, faxed copies not accepted)

Date of Application _____

Student Information

Student Name _____

Address _____ City _____

State/ Zip _____ Home Telephone _____, Cell Phone _____

Email Address _____, MySpace URL _____

School Currently Attending _____ Address _____

Phone _____, Fax _____

Name of Student's School Counselor _____

Counselor Phone or Extension _____ Grade/Year _____, Year of Graduation _____

Proposed School Enrollment After Graduation _____ Private School? ___ Y ___ N

Current Grades: Math _____ English (Language Arts) _____ Science _____ History (Social Studies) _____

Last 4 of Social Security Number* _ _ _ _ Gender (circle one) M F Age _____

What is Your Ethnicity (Listing of racial/ethnic choices below)

Black African American ___ Native American Indian ___ Other (please specify _____)

Date of Birth ___/___/___ Place of Birth _____ Years Living in Santa Barbara ___

Student Lives With: Mother ___ Father ___ Both ___ Guardian ___ Other _____

FOR High School Students ONLY!

- 1) High School Student Grade Point Average (GPA) _____
2) Has Student Taken the California High School Exit Exam (CAHSEE)? Yes ___ No ___ More Than Once ___
3) CAHSEE Scores: Math ___ English ___ Previous Scores (if taken more than once) Math ___ English ___
4) Are you currently working? ___Y ___N If, yes then how many hours do you work per week? ___
5) How many community service credit hours do you have? _____
(60 hours of community service are required to graduate from high school)

Student's Name _____

Photo Release Statement

I hereby grant to Project Excel, its employees and its agents the right to photograph, video or create a physical likeness of my dependant minor for the sole purposes of publishing or reproducing their photos, video or other media to their website and other related print material. I understand that all photos will be age appropriate and discerning and I can request their removal at anytime. Project Excel will not release the rights to its photographs, video or physical likeness reproduction to any entity or person without first seeking my expressed written consent.

Youth's Signature _____ Date _____

I hereby certify that I am the custodial parent or guardian of the minor listed herein and have the aforementioned rights to assign.

Parent/Guardian Signature _____ Date _____

Student Assessment and Interests (to be completed by Student)

What is Your Favorite School Subject? _____ What is Your Least Favorite School Subject?

How Many Hours Do You Study Each Day? _____, How Many Hours of Homework Do You Do a Week? _____

Where Do You Study? _____ Do you Study at a Desk or on a Table? _____

What Kind of Student Are You? A___ B___ C___ D___

How do you get to School? Walk ___ Take Bus ___ Car ___ Bike/Skate ___

Do you own or have access to a computer at home? _____, Do You have Access to The Internet? _____

What Kinds of Things Do You Like to Do?

- | | | |
|--------------------------|-----------------------------|----------------------|
| __Read | __Dance | __Care for Animals |
| __Write Stories or Poems | __Sing | __Arts and Crafts |
| __Play Video Games | __Play a musical instrument | __Camping or Hiking |
| __Listen to Music | __Outdoor Activities | __Swimming or Diving |
| __Surf The Internet | __Indoor Activities | __Theater/Acting |
| __Draw | __Participate in Sports | __Study |
| __Paint | __Volunteer | __Give Presentations |

Are you involved in any team sports, clubs or other extracurricular activities? _____ if yes what are they and how often do you attend or meet? _____

Do you have any Special Interest or Hobbies? _____, If, Yes what are they? _____

Have you ever been suspended? _____ or expelled? _____ More Than Once? _____

Did either of your Parents attend a College or University? _____ Where? _____

Do you plan to attend College? _____ What would you like to study? _____

Please provide a short essay of 25 words or less answering the question: How will College help you achieve your goals in life? (Your application is incomplete without the essay attached)

Student's Name _____

Parent/Guardian or Other Information (Please list parents/guardians separately)

Parent or Guardian Name (1) _____

Relation to Student _____

Mailing Address, City, State, Zip _____

Home Address if Different than Above

Phone: Home _____, Work _____, Mobile Phone _____

Email Address _____ Occupation _____

Parent or Guardian Name (2) _____

Relation to Student _____

Mailing Address, City, State, Zip _____

Home Address if Different than Above

Phone: Home _____, Work _____, Mobile Phone _____

Email Address _____ Occupation _____

Emergency Contact if You Cannot be reached

Name _____

Relation to Student _____

Home Address _____

Phone: Home _____, Work _____, Mobile Phone _____

Total Number of Family Members Living in the Household _____ Number of Minors in Home _____

Names and Ages of All Minor Children in Household

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Number of Children Currently Enrolled in Post-Secondary Educational Institution _____

Total Family Income (excluding extended family, i.e. grandparents, Aunts, Uncles, etc)

___ between \$0 and \$11,200

___ between \$42,651 and \$62,650

___ between \$11,201 and \$22,650

___ between \$62,651 and \$110,100

___ between \$22,651 and \$42,650

___ over \$110,101

Project Excel of Santa Barbara

Statement of Consent for Student Records Access:

Dear School Registrar:

I (We), _____, _____ the parent(s) or legal guardian(s)
Print Name of Parent or Guardian Print Name of Parent or Guardian
of _____ give my (our) consent for the Program Director of Project Excel, Keith Terry
Print Name of Student
to have complete and total access to my child's academic records to include any and all classroom assignments, teacher comments, test scores, grading information, school counselor assessments, disciplinary action statements, special education requirements and interviews with and evaluations by my child's teachers. I also request that an additional copy of my child's progress report be made available to me at the end of each grading period. I understand that Project Excel and its employees will only use this information for the purpose of evaluating my child's academic progress and devising an individual academic program that meets his/her educational needs. This consent shall remain in effect until I choose to withdraw my child from enrollment in Project Excel and provide written notice to both you and Project Excel.

Student's School _____ School Address _____

School Phone Number () _____ - _____ School Fax Number (if known) () _____ - _____

Name _____ Date _____
Print Name of Parent or Guardian

Signature _____ Date _____
Sign Name of Parent or Guardian

Daytime or Work Phone Number () _____ - _____ Email Address _____

Project Excel is an academic preparation initiative intended to provide direct and indirect educational services to Black African American and Native American students from South Santa Barbara County. Our mission is to assist youth, their families and the educational community by providing free tutoring, mentoring and access to free or low-cost community resource opportunities so that students complete high school and are eligible to attend a university or four-year college of their choice. Our objective is to increase recruitment, enrollment, retention and completion of a post-secondary degree program at a University of California or California State University institution. Project Excel accepts students as early as the fifth and as late as the eighth grade to participate in our project. Student in grades nine (9) through eleven (11) are eligible for our high school to college transition program. We also offer summer programming that is both educational and enjoyable via scholarships. As part of our efforts we also hold monthly meetings on the first Thursday of the month and host other events for the purpose of building a college-going community.

Complete the following Student and Parent Agreements by initialing in spaces provided:

Student/Scholar Agreement (to be completed by student)

As a college-bound student I will make every effort to attend all monthly meetings and educational or social events provided by Project Excel. _____ Initials

As a college-bound student, I will meet with my tutors and mentor on a weekly basis. If I am not able to keep a scheduled appointment I or my parent will contact the tutor or mentor as soon as possible to reschedule or cancel. _____ Initials

I will attend school regularly and be on time to class. _____ Initials

I will complete and turn in all school assignments given to me and if I am unable to turn in an assignment I will let my parent(s) know as soon as possible. _____ Initials

Parental/Guardian Agreement

As the Custodial Parent or Guardian of my college-bound student, I will provide or arrange reliable transportation for them to attend all monthly meetings. If for some unforeseen reason I am unable to ensure my child's attendance I will contact Project Excel by phone or email. _____ Initials

As the Custodial Parent or Guardian of my college-bound student, I will provide or arrange time for tutoring and mentoring every week. If for some unforeseen reason my child is unable to keep a scheduled appoint I will contact the tutor or mentor as soon as possible to reschedule or cancel. _____ Initials

I understand the importance of taking an active part in my child's education so I will provide Project Excel with regular progress reports and yearly transcripts or grade reports from my child's school. _____ Initials

I understand the importance of communication with Project Excel so I will whenever possible respond to emails, phone calls and letters I receive in a timely manner. _____ Initials

As the Custodial Parent or Guardian of my college-bound student, I will provide them with all necessary materials needed to be prepared for success in their education. If for some reason I am unable to provide these materials I will inform Project Excel to enlist their assistance in doing so. _____ Initials

I am aware that Project Excel works diligently to provide my child with services at little or no cost to me. As a result of this understanding I agree to place value on my child's participation in the project by purchasing a ticket to the Annual Fundraising Dinner in October of every year. This small donation will provide admittance and dinner for my immediate family. _____ Initials

Because paying for college is just as important as getting into college I agree to attend at least one financial workshop hosted by Project Excel every year. _____ Initials

Student's Name _____

I understand that if I fail to maintain this agreement that any and all services provided to my child may be terminated without further notice. Although there are circumstances and situations that can and will arise preventing me and my child's perfect attendance and participation, these circumstances will not be the norm. Continued enrollment in Project Excel is not guaranteed and removal from the program could adversely impact their educational success.

Signature _____
Parent or Guardian

Date _____

Signature _____
Parent or Guardian

Date _____

END OF AGREEMENT

Only completed applications will be accepted for enrollment consideration. A completed application does not guarantee my child's acceptance in Project Excel. After reviewing the completed application packet Project Excel will notify me of my child's enrollment status. I will be either be notified that an interview needs to be scheduled as the next step or that my child have been placed on a waiting list for future enrollment consideration. Project Excel will base it decision on several factors and provide first-come first-served service to all qualifying students. Qualifying students will be selected for an interview by Project Excel prior to enrollment. Please ensure that your contact information is neat and legible so we may reach you easily.

Incomplete application packets can not be processed until after all completed applications have been considered. If you submit an incomplete application you will be contacted only after all completed applications are considered. You will then be contacted and given the opportunity to complete your packet for further consideration. We reserve the right to deny any application and/or service at our sole discretion.

I (we), grant my (our) permission for my (our) child to be considered for enrollment and participation in Project Excel. I (we) understand that there are a limited number of enrollment opportunities and that if my (our) child is not immediately selected they may be placed on a waiting list for future consideration. If necessary I (we) agree to complete a supplementary application upon my (our) child's future enrollment if needed. I (We) also understand that attending open meetings and being involved with Project Excel will accelerate my (our) child's selection for full participation status if placed on a waiting list.

I (We) have reviewed this application packet and all information is true and correct to the best of my (our) knowledge.

Signature _____
Parent or Legal Guardian

Date _____

Signature _____
Parent or Legal Guardian

Date _____