



Student Scholarship Application Check List

Incomplete applications for BOOST will not be considered. Please use this first page as a checklist to ensure that your application is complete. When you have COMPLETED the application, please return it to your guidance counselor. THANK YOU!

Section A

- Students ID # can be found on student's report card or obtained by calling the school that the student attends
- Student's home address
- ALL phone numbers where parents and students can be reached
- ALL email addresses where parents/guardians can be reached

Section B

- Complete biographical information on primary care givers and indicate guardianship
- List all biographical information of all persons living in the same home as the BOOSTER

Section C

- Employment information for Primary and Secondary Care Giver and Family Income

Section D

- Financial information for the household (All questions must be completed. This information is required to enroll students in program)

Section E

- Student Interest Sheet must be completed by student (To be completed by the student).
- Student Statement must be completed by student.

Section F

- Both portions of the Parent/Guardian Statement must be completed by the primary care giver.

To Complete Application

- Student and primary care giver must sign application
- A copy of the student's most recent report card must be attached.
- Verification Letter of Free/Reduce Lunch. (School Verification)

Return Application Guidance Counselor
to:

Date application is due back to BOOST: May 1, 2017

Please note that this application does not guarantee that your child will receive a scholarship, but allows for a review and determination

Student Photo Attached Here:

SECTION A
STUDENT INFORMATION

Date of Completion:

Student ID #: _____

Student Sponsor: _____

Student Name:

Social Security #:

Current Grade:

Date of Birth:

Ethnicity:

Gender:

School:

Age:

Address:

City, State & Zip:

Home Phone:

Primary Care Giver Work Phone:

Primary Care Giver Cell Phone:

Primary Care Giver Email:

Secondary Care Giver Work Phone:

Secondary Care Giver Cell Phone:

Secondary Care Giver Email Address:

US Citizen Y _____ N _____

BOOST 2017

*** PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT REPORT CARD TO THIS FORM. ***

SECTION B

HOUSEHOLD INFORMATION

Primary Care Giver:

Name:

(Last) (First) (MI)

Relationship to Student: 1 – Mother 2 – Father 3 – Grandmother 4 – Grandfather
(circle one) 5 – Aunt 6 – Uncle 7 – Brother 8 – Sister
9 – Ward of Court 10 – Step Father 11 – Step-Mother 12 - Other

Is this individual a legal guardian of the student? (circle one): YES NO

Date of Birth:

U.S. Citizen:

Circle Last Grade Completed

in School: High School

College Graduate Degree

Ethnicity (circle one): 1 - White/Caucasian 2 - African-American 3 - Native-American
 4 - Asian/Pacific Islander 5 - Hispanic/Latino 6 - Other

Marital Status: (circle one) 1 - Single 2 - Married 3 - Separated 4 - Divorced 5 - Widowed
 6 - Other

Secondary Care Giver:

Name:

Relationship to Student: (circle one) 1 - Mother 2 - Father 3 - Grandmother 4 - Grandfather
 5 - Aunt 6 - Uncle 7 - Brother 8 - Sister
 9 - Ward of Court 10 - Step-Father 11 - Step-Mother 12 - Other

Is this individual a legal guardian of the student? (circle one): YES NO

Date of Birth: **U.S. Citizen?** Yes No **Circle Last Grade Completed in School:**
High School
College Graduate
Degree

Race (circle one): 1 - White/Caucasian 2 - African-American 3 - Native-American
 4 - Asian/Pacific Islander 5 - Hispanic/Latino 6 - Other

Marital Status: (circle one) 1 - Single 2 - Married 3 - Separated 4 - Divorced 5 - Widowed
 6 - Other

Employment Status: (circle one) 1 - Full time (35+ hrs/wk) 2 - Part time (< 35 hrs/wk)
 3 - Seasonal/Temporary 4 - Retired
 5 - Unemployed (< 1 year) 6 - Unemployed (> 1 year)
 7 - Homemaker 8 - Other

SECTION C

EMPLOYMENT INFORMATION

Primary Care Giver's Employment

Employer:

Occupation:

Address:

Phone Number:

How Long With Current Employer? _____ yrs _____ months _____ Monthly Gross Salary _____

Secondary Care Giver's Employment

Employer:

Occupation:

Address:

Phone Number:

How Long With Current Employer? _____ yrs _____ Monthly Gross Salary _____

SECTION D

FINANCIAL INFORMATION

What is your total gross household income? (Before taxes & other deductions)

\$ _____ (monthly) \$ _____ (annually)

Are you eligible to receive any social service? Yes No

Do you Own or Rent:

Please check the services you currently receive:

Welfare Food Stamps Medicaid Other Explain:

Are you currently receiving TAN-F assistance? Yes No

Please list the services you currently receive:

E. **STUDENT INTEREST FORM:** Indicate which activity you enjoy.

Sports

Baseball		Football		Basketball	
Soccer		Boxing		NASCAR	
Swimming		Boating		Water Skiing	
Softball		Wrestling		Rugby	
Bowling		Golfing		Lacrosse	
Go-carts		Paint Ball		Miniature Golf	
Ping Pong		Tennis		Racquetball	
Gymnastics		Cycling		Archery	
Horseback Riding		Ultimate Frisbee		Track & Field	
Snow Boarding		Snow Skiing		Ice Skating	
Others (specify)					
		<u>Outdoor Life</u>			
Camping		Hunting		Fishing	
Animals		Birds		Insects	
Gardening		Reptiles		Amphibians	
Stars (Astronomy)		Snorkeling/Diving		Hiking	
Others (specify)					
		<u>Science & Mechanics</u>			
Auto Repair		Aviation		Chemistry	
Electronics		Engines (gasoline)		Missiles & Rockets	
Computers		Kit Building (specify)			
Others (specify)					

Handicrafts

Ceramics		Clay Modeling		Drawing / Painting	
Jewelry Making		Scrapbooking		Model Building	
Knitting		Crocheting		Sewing	
Metal Work		Mosaic / Sculpting		Woodworking	

Collecting

Scale Models		Sports Memorabilia		Sports Cards	
Autographs		Coins		Music/Records	
Dolls		Books/Magazines		Photographs / Art	
Rocks & Minerals		Stamps		Insects	
Others (specify)					
		<u>Indoor Activities</u>			
Card Games		Musical Instrument		Board Games	
Cooking		Dancing		T.V. / Movies	
Photography		Reading		Computer	
Puzzles		Singing		Video Games	

Others (specify)

From all the above items, the three I like best are:

1. _____ 2. _____ 3. _____

What community or service projects have you been involved in? Explain your involvement.

What books do you like to read. Why?

What clubs or organizations do you belong to? Explain your involvement.

If you had three wishes, what would you wish for?

1.

2.

3.

STUDENT INFORMATION (to be written by the student)

Please list activities, interests, strengths, hobbies or awards you have received (church, school, community, work experience, etc.)

STUDENT STATEMENT (to be written by the student)

Please write about your goals, aspirations and hopes for your future. (Attach another sheet if needed.)

SECTION F

PARENT/GUARDIAN STATEMENT (to be written by the parent/guardian)

Apart from financial considerations, how do you believe BOOST may benefit your child? Please include your goals, aspirations and hopes for your child's future. (Attach another sheet if needed).

List any special family situations that might be relevant to school success (serious illness in the family, loss of employment, DCF involvement, homelessness, incarcerations, etc.).

Student Responsibilities- Students selected for BOOST scholarship must:

1. Sign a contract to stay in school, remain drug and crime free and maintain a reputation of high character.
2. Regularly meet with an assigned mentor and attend all BOOST mentoring training programs, and activities.
3. Maintain a minimum of a 3.0 GPA.
4. Attend school regularly and be in compliance with all school attendance regulations.
5. Remain in high academic standing and graduate from high school with a Standard High School Diploma.
6. Actively Participate in BOOST school and summer activities.
7. Abide by all guidelines in the BOOST the Student Code of Conduct.
8. Complete the BOOST leadership enrichment program.

I _____, as a BOOST student, I agree to the comply and follow all BOOST guidelines. As a student, I will complete the student orientation and agree to follow the guidelines and regulations of BOOST. I understand as a BOOST student if I fail to comply with any of the said guidelines or regulations, I may be placed on probation or lose the BOOST scholarship.

Student Signature _____ Date _____

Witness Signature _____ Date _____

Parent/ Guardian Responsibilities- Families whose children are selected for a BOOST scholarship must:

1. Agree to support and encourage the student to maintain a positive school attitude, work ethic, and commitment.
2. Sign the BOOST contract, agreeing to supporting and monitoring your student meeting all BOOST guidelines.
3. Support, monitor, and be diligent about your child's high performance in his/her academics, attendance, and school discipline.
4. Agree to assist your student in preparing for college by supporting his/her college readiness as provided by BOOST.
5. Immediately inform the BOOST office of any student status changes to include but not limited to academics, attendance, behavior, changes of address, phone, etc.
6. Participate and completion of BOOST orientation and parent classes and events.

As Parent of _____, I agree to the comply and follow all BOOST guidelines. I understand that if I fail to comply with any of the guidelines or regulations, my student may be placed on probation or terminated from BOOST.

Parent Signature _____ Date _____

Witness Signature _____ Date _____

Verification of Application

I understand that the information contained in this application is accurate and will be shared with the **BOOST** selection committee and the implementers of the program. I understand any false information in this application may result in my child losing his or her eligibility in the program.

I agree to have my child’s transcripts, test scores and attendance records released to BOOST to determine eligibility.

I further agree that my child by be interviewed by a representative of BOOST as part of the application process.

Student Signature

Parent/Guardian Signature

All required documents must be submitted before your application is accepted.