

“New Bedford Star Kids Scholarship Program”

“When you wish upon a star, makes no difference who you are, anything your heart desires will come to you....” *Jiminey Cricket*

Dear Counselor/Social Worker and Parent of a Prospective Star Kids Student,

We are so pleased that you are interested in the Star Kids Scholarship Program. Thank you for taking the time to complete the attached application. Please know that we respect your privacy.

In order to be eligible for the program, the child must have a parent who has a history of incarceration and/or substance abuse and must meet our income requirements. The child must be willing to do his/her best schoolwork. The parent must be willing to get their child to school on time each day and to make sure their child comes to school each day rested and with homework completed.

Star Kids enrolls children in the program between Kindergarten and Grade 4 and plans to offer them annual scholarships through high school. The goal for each child is to graduate from high school. Students of all faiths are accepted.

Star Kids pairs each student with an adult sponsor who agrees to pay the student's tuition to a non-public school. The sponsor will receive a copy of the child's report card each term. You will be asked to help your child write a thank you note to their sponsor each year.

Students and their families who are accepted into this program are expected to adhere to all of the guidelines in the Star Kids Parent's Agreement. If these rules are not followed the scholarship will not continue. Star Kids expects the student to do the very best that they can in all of their classes. Students must maintain a minimum of a C+ or better average. The harder the student works, the more opportunities they will have at graduation and beyond.

Star Kids is a scholarship fund and is not able to provide any social services. As of this school year we are requiring that all applications include the recommendation of a counselor or social worker.

To apply for the Star Kids Scholarship Program please complete the attached Student Application, Teacher Recommendation and Counselor/Social Worker Recommendation and return as soon as possible to the address below. *Be sure to attach a recent report card and proof of income.*

The staff at Star Kids will screen applications and then will contact you for an interview and to visit the new school.

Please understand that completing an application does not guarantee that a student is accepted in the program. If a scholarship is not immediately available your child will be placed on a waiting list.

We look forward to hearing from you. If you have any questions, please contact Judy Zwirblis, Executive Director at 774.202.5224.

“New Bedford Star Kids Scholarship Program”

APPLICATION FORM - SCHOOL YEAR 2011-2012

Part A. Student Information.

ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE.

Please attach a copy of the Student’s current report card to this application.

1. Student’s Name: _____ Student’s Gender: M / F
2. Student’s Address: _____ Apt. # _____
City/State/ZipCode: _____
3. Telephone Number: (): _____
4. Full name(s) of parent(s)/legal guardian(s): _____
5. Student’s Date of Birth: Month _____ Day _____ Year _____ Age at time of application: _____
6. Social Security Number: _____ Race: _____
7. Current School: _____ Current grade: _____ Grade in September 2011: _____
8. School contact person: _____ Phone: _____
9. Family’s Parish or Church affiliation: _____
10. Does the student have any physical or emotional conditions of which Star Kids should be aware? _____
If yes, please explain: _____

11. Has the student ever had a psychological or educational evaluation? Yes / No
If yes, when? _____
12. Health Insurance: _____ ID#: _____
13. Allergies: _____ Medications: _____
Conditions: _____
14. Family Case Manager/Counselor(s): _____ Phone: _____
15. How long: _____ Issues: _____
16. How did you hear about Star Kids? _____
17. Student’s hobbies, special talents, favorite color: _____

Part A. Student Information (continued)

Developmental History of the Student

1. Did the student's mother use drugs, alcohol or tobacco during her pregnancy?

2. Were there any medical problems during the pregnancy?

3. Were there any problems during the delivery? Was the delivery by C - Section?

4. What was the student's birth weight?

5. At what age did the student first do the following:

Sit up _____ Talk (2 words) _____ Walk _____ Toilet trained day _____ Toilet trained night _____

6. Describe the student as a toddler.

7. Did the student attend day care or pre-school? Please describe.

8. Has the student ever had lead poisoning?

Part B. Family Information

1. Name of Parent/Guardian: _____ Age _____

Relationship to child: _____

Street Address: _____ Phone Number: _____

City/State/Zip _____

2. All Members of Household (Please include above parent and student applicant.)

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Other Family Information

- Do you have extended family in the area who are willing to help with the Student i.e. supervising homework, transportation, school events, etc.?
- What community resources do you currently use?
- What social services agencies are currently helping your family?

4. What school would you like to see your child attend? Why?

5. What are your dreams for your child? Please write a few sentences on the other side of this paper as to why you would like your child to participate in the Star Kids Scholarship Program.

(Continued on next page...)

Part B. Family Information (continued)

Name of parent with history of incarceration and/or substance abuse.

Does either parent have a history of arrest? (If yes, how many times?)

Does either parent have a history of incarceration? (If yes, how long, in what state?)

What were the charges?

Is either parent on parole?

Is either parent on probation?

If either parent has had trouble with the law, at what age did he/she first get in trouble with the law?

At what age did parents first use alcohol and substances?

Was either parent a ward of the state as a child/ teen?

Was either parent assigned to the RI or MA Youth Correctional Training School?

Was either parent in a substance abuse treatment program?

Has either parent ever received mental health counseling?

How many years of schooling has each parent completed?

List the last three jobs of each parent beginning with the most recent position.

Do either parent's families have a history of substance abuse and/or incarceration?

Did either parent have a learning disability or have any Special Education Services in school?

Did either parent take medication for attention problems and/or hyperactivity (ADD and/or ADHD)?

Part C: Financial Information

Financial Aid Eligibility Policy for the Star Kids Scholarship Program

Star Kids determines a family's eligibility for financial aid on a case by case basis. Eligibility is primarily based on the recommendation for financial aid by our participating schools, which take into account family assets, annual income and annual expenses. Special family circumstances are also considered.

All Star Kids families are required to complete, on an annual basis, the financial aid forms offered by their child's school. This includes the FACTS Financial Aid Form used by the Diocese of Providence and Diocese of Fall River for area Catholic Schools, the SSS Financial Aid Form used by Independent Schools, as well as any other finance-related forms required by our participating schools. Star Kids staff or individual school staff members are available to help each family complete these forms annually. All applicants' financial information will be held in the strictest confidence.

Student's Name: _____ Social Security Number: _____

Address: _____

Phone Number: _____

Please circle the correct response:

Living with: Both parents Mother Father Guardian

Parents' Marital Status: Married Single Separated Divorced Widowed

MOTHER (or GUARDIAN)

FATHER (or GUARDIAN)

Name: _____

Name: _____

Address: _____

Address: _____

Social Security #: _____

Social Security #: _____

Occupation: _____

Occupation: _____

Annual Salary: _____

Annual Salary: _____

Employer's Name: _____

Employer's Name: _____

Employer's Phone Number: _____

Employer's Phone Number: _____

of dependent children ____: # in Elementary School ____ # in High School ____ # in College ____

Public Assistance: Yes ____ No ____ ADC# _____

Amount received bi-weekly: _____ Amount food stamps received bi-weekly _____

If you are receiving Social Security, what is the amount received each month?

For you: \$ _____; For spouse \$ _____; For children \$ _____

If you are separated or divorced, how much money do you receive from your spouse? \$ _____

What is your monthly rent? _____

Do you have any other source of income? _____

(Continued on next page...)

Part C: Financial Information (continued)

Proof of Income:

Parent or Guardian must include a proof of income in ONE of the following forms:

- W2 Form and 2 current pay stubs from jobs
- A copy of Medicaid ID card
- Copy of public assistance debit card
- Proof of SSI (Supplemental Security Income)
- Proof of Special Population Group (i.e. Social Security)

Please tell us the circumstances that make financial aid necessary.

By signing below, I declare that the information provided in this Financial Aid Request is true, correct and complete to the best of my knowledge.

Name of Parent or Guardian (please print) _____

Signature: _____ *Date:* _____

New Bedford Star Kids Scholarship Program

P.O. Box 79198 Dartmouth, MA 02747

Parent Agreement for Grades K thru 6

- I will make sure I know when my child's school day starts and ends and will make sure my child arrives at school *every day* and *on time*. (**Excessive tardiness or absence from school (10 days or more) may be cause for dismissal from the Star Kids Program.**) I understand that my child must follow school rules and treat the faculty and other children with respect.
- I will **call the school** as early as possible if my child is absent from school and write a letter of explanation about the nature of their absence when they return to school.
- I understand that Star Kids **does not provide lunch** and I must provide a lunch for my child each day.
- I will make sure I understand when the first day of school is and at what time and where the bus will pick up my child. If I don't know, I will call the school directly.
- I understand that my child must maintain a C+ or better average in order to remain in the program.
- I will **check my child's backpack each day for notices** from the school and make sure I allow time for my child to do their homework and will help them if necessary. I will allow ample time to help my child prepare for long term projects such as book reports and science fair projects and if I can't do it I will ask someone at school or my child's mentor for help.
- My child and I will **write a thank you note to their sponsor and mentor**.
- I will follow school rules, cooperate with the school authorities and will **attend Parent-Teacher conferences**. I will take advantage of services recommended by the school.
- I will **fill out financial aid forms** from the school or from the Diocese for the St. Mary's Fund. I will be responsible for any fundraising the school requires.
- If the school has religious requirements, I understand that my child must follow the requirements.
- I will make sure I have a school calendar so I understand when all the events are. **I will volunteer at school and plan to attend as many the school functions as I can.**
- I will contact Star Kids if I need financial help with tutoring or field trips.
- I will try to attend the two Star Kids parties; the "*Skating With Santa*" and "*End of the Year Party*".
- I will not ask my child's mentor or sponsor for money, food or services (such as transportation).
- I will let Star Kids know of any change of address, phone number or family circumstances and will return calls promptly. I will cooperate fully with the Star Kids staff.
- I agree to comply with the above Star Kids Program Parent's requirements.

The scholarship may be renewed at the sole discretion of the Star Kids Program and there is no promise or obligation to renew the scholarship for subsequent school years.

Parent printed name

Parent signature

Date

“New Bedford Star Kids Scholarship Program”

PERMISSION TO RELEASE INFORMATION

Student’s Name _____

Date of Birth _____

In consideration of my child’s participation in the Star Kids Scholarship Program, I hereby agree that any information pertaining to the educational and personal well being of my child may be shared with the Star Kids Scholarship Program staff, my child’s mentor, and my child’s scholarship sponsor. This includes report cards, test scores, results of child and family assessments and other relevant information. I also agree to allow Star Kids Scholarship Program to share their information about my child to any agency helping my child.

This release shall be valid for the duration of my child’s participation in the program.

Name of Parent or Guardian

(please print) _____

Signature: _____ **Date:** _____

In consideration of my child’s participation in the Star Kids Scholarship Program, I agree to allow my child’s picture to be taken and to be used in any Star Kids’ literature including the website, annual report, annual appeal letter, local newspapers and magazines. I understand that my child’s picture will not be sold by the Star Kids Scholarship Program.

Signature: _____ **Date:** _____

“New Bedford Star Kids Scholarship Program”

Teacher Recommendation Form

This form must be filled out by the student’s CURRENT teacher.

Student: _____ Date of Birth: _____

Current Grade: _____ Current Class Size: _____ Name of Teacher: _____

Current School: _____ School Phone: _____

School Address: _____ City/State/Zip _____

TO THE TEACHER: *We greatly value the perspectives of the educators who work with our candidates on a daily basis. Your candid observations and descriptions are reviewed with the full awareness that young children are constantly changing and developing. Your responses on this form will be kept in confidence and used for admissions purposes only. We strongly encourage the inclusion of any mid-year evaluations or standardized test scores that have been provided to parents. These materials will be used to make a thoughtful enrollment decision.*

CLASSROOM CHARACTERISTICS

Please check somewhere along the continuum

SELDOM SOMETIMES OFTEN CONSISTENTLY WITH STRENGTH

SOCIAL SKILLS

Respects classroom rules _____

Exhibits self control _____

Express ideas appropriately _____

Assumes responsibility for own actions _____

Works cooperatively with peers _____

WORK HABITS

Stays focused in a large group setting _____

Works cooperatively in a group _____

Works well independently _____

Completes tasks on time _____

Follows written directions _____

APPROACH TO LEARNING

Enjoys new activities _____

Seeks out help when needed _____

Shows initiative _____

Is curious and eager to learn _____

Puts best effort into work _____

ACHIEVEMENT AND APTITUDE

Please comment on this candidate's level of progress and achievement in the following areas:

READING _____

MATH _____

SPELLING _____

HANDWRITING _____

WRITTEN EXPRESSION _____

SOCIAL STUDIES _____

SCIENCE _____

ART AND MUSIC _____

COMPUTER _____

FOREIGN LANGUAGE _____

ATHLETICS _____

If there is ability grouping in your program, please indicate the candidate's level in:

Reading: High____ Medium ____ Low____

Math: High____ Medium____ Low____

Standardized Testing: Has this student taken any standardized tests: Yes____ No____ Please attach any test scores.

Overall Comment: Please supplement your responses with narrative description, information or attachments that would help us know this candidate. We encourage you to note any strengths or weaknesses and whether you have adjusted your program to accommodate the abilities or needs of this student.

Parent Information: Please characterize the parent cooperation and support for this child's school experience.

Teacher's Signature: _____ **Date:** _____

Please list your number(s) if you would prefer to discuss this candidate by telephone: DAY _____ EVE _____

PLEASE SEND THIS FORM DIRECTLY TO:

New Bedford Star Kids Scholarship Program

P.O. Box 79198

Dartmouth, MA 02747

Phone: 774.202.5224

“New Bedford Star Kids Scholarship Program”

Counselor/Social Worker Recommendation

Please fill this out and send directly to: New Bedford Star Kids ~ P.O. Box 79198 ~ Dartmouth, MA 02747

This form must be filled out by the parent’s CURRENT counselor or social worker.

We greatly value the perspectives of the counselors who work with the parents of our student candidates on a regular basis. Your responses on this form will be kept in confidence and used for admissions purposes only. Your responses will be used to make a thoughtful enrollment decision.

Name of Star Kids Student Applicant: _____

Parent Name: _____

Name of Parent Counselor / Social Worker: _____

Agency: _____ Agency phone number: _____

Agency Address: _____ City/State/Zip _____

TO THE COUNSELOR / SOCIAL WORKER:

We are looking for a parent who has completed their incarceration and/or drug rehab or is working on their drug rehab, has been re-united with their child and would like to put their past behind them and make a brighter life for themselves and their child. This parent should understand the value of an excellent education, appreciate this opportunity and be willing to do what is necessary to help their child succeed in a private school. This includes:

- Making sure their child arrives at school on time every day (Please stress the importance of attending school every day and being on time. Ten days or more of unexcused absences are considered “educational neglect”. We are mandated to report excessive absences and tardiness to the state.)
- Providing transportation to school if needed
- Providing lunch
- Helping with homework and projects
- Attending parent teacher conferences
- Returning phone calls promptly
- Working cooperatively and politely with teachers, principals and Star Kids staff.

We would like to make this a successful experience for the student and parent. Based on your experience with this parent, we would like to know if you think that the Star Kids Program is a good match for this parent and child.

As a scholarship program, we are not able to provide social services to this family. We need to know that the parent will be receiving counseling on a regular basis in order to receive additional help when needed. How long have you worked with this parent and how long do you plan to work with them? Are you available to help them with ongoing family problems and emergency situations?