

*Star Kids Scholarship Program*  
*Application Form*  
*for the*  
*2012-2013 School Year*

**“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 Kathleen Burke, Executive Director at (401) 848-4187.

\*\*\**Star Kids Scholarship Program*\*\*\* P.O. Box 6214 Middletown, RI 02842 \*\*\*

# Star Kids Scholarship Program

\*\*\*P.O. Box 6214, Middletown, RI 02842\*\*\*(401) 848-4187\*\*\*

## APPLICATION FORM- SCHOOL YEAR 2012-2013

**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 Sept., 2012: \_\_\_\_\_
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 or 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: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

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.

**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**

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? \_\_\_\_\_

**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:* \_\_\_\_\_

Star Kids Scholarship Program

**Star Kids Parent Agreement for the 2012-2013 School Year**

- 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 and Frances Warde 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 understand and acknowledge that my scholarship applies to the 2012-2013 school year only. 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.**

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Parent's printed name

Parent's signature

Date

# *Star Kids Scholarship Program*

\*\*\*P.O. Box 6214, Middletown, RI 02842\*\*\* (401) 848-4187\*\*\*

## **AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/ZipCode: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Information Requested:**

General School Record/Report Card	Speech/Language Evaluation	Resource Information
Social History	Psychological Evaluation	Behavioral Evaluation
I E P	Educational Evaluation	Standardized Test Scores

**I give my permission for the above information to be sent to the Star Kids Scholarship Program.**

**I understand that this information shall not be released to any other source without my written permission. I also understand that I may withdraw this consent at any time in the future.**

*Name of Parent or Guardian (please print)* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

# *Star Kids Scholarship Program*

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## PERMISSION TO RELEASE INFORMATION

2012-2013

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby agree that any information pertaining to the educational and personal well being of my child may be provided to the Star Kids Scholarship Program staff and mentor and my child's scholarship sponsor from whatever school he or she is assigned to or from any agency or person that has been helping my child. 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.

Name of Parent or Guardian (*please print*) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Star Kids Scholarship Program

\*\*\*P.O. Box 6214, Middletown, RI 02842\*\*\*(401) 848-4187\*\*\*

## 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: Star Kids Scholarship Program**

P.O. Box 6214  
Middletown, RI 02842  
Phone: 401 848-4187

# Star Kids Scholarship Program

\*\*\*P.O. Box 6214, Middletown, RI 02842\*\*\*(401) 848-4187\*\*\*

## Counselor/Social Worker Recommendation

Please fill this out and send directly to Star Kids at P.O. Box 6214, Middletown, RI 02842.

***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 absence is 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?