



PROGRAM APPLICATION 2018-19

NEW BEDFORD STAR KIDS SCHOLARSHIP PROGRAM  
P.O. BOX 50494 . NEW BEDFORD, MA 02745 . 774-400-7974  
[www.starkidsprogram.org](http://www.starkidsprogram.org)

*Applications will be accepted beginning September 1 for the following school year. This application form and all supporting documents should be received by March 1, 2018, to be given first consideration for the 2018-19 school year. Decisions are typically made in May.*

\_\_\_\_\_ Date Received

Part A. Student Information *All information provided is confidential.*

\_\_\_\_\_ **Please attach a copy of the Student's current report card.**

1. Student's Name: \_\_\_\_\_

2. Student's Gender: M F

3. Student's Race/Ethnicity:

Caucasian \_\_\_\_\_ African/American \_\_\_\_\_ Native American \_\_\_\_\_

Hispanic \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other \_\_\_\_\_

4. Student's Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

5. Telephone Number(s) home: \_\_\_\_\_

Cell: \_\_\_\_\_

6. Email Address(es) \_\_\_\_\_

7. Full Name(s) of parent (s)/legal guardian(s):

\_\_\_\_\_

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8. Current School: \_\_\_\_\_
9. Grade at time of application: \_\_\_\_\_ Grade applying for: \_\_\_\_\_
10. Age at time of application: \_\_\_\_\_
11. School Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
12. Does the student have any physical or emotional conditions that Star Kids should be aware of? \_\_\_\_\_
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13. Has the student ever had a psychological or educational evaluation?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_
14. Family Case Manager/Counselor(s): \_\_\_\_\_  
Telephone: \_\_\_\_\_
15. How did you hear about Star Kids? \_\_\_\_\_
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Part B. Family Information

FAMILY HISTORY OF INCARCERATION

1. Please provide a brief summary of the impact that incarceration of family members has had on the applying child:

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2. Please provide documentation of incarceration (for example, police reports, court records, documentation from a social worker, counselor or approved professional).

These are required. Attached are: \_\_\_\_\_

(please circle one)

- |   |     |    |
|---|-----|----|
| 3. Is the child's biological mother currently incarcerated? | Yes | No |
| 4. Was the child's biological mother formerly incarcerated? | Yes | No |
| 5. Is the child's biological father currently incarcerated? | Yes | No |
| 6. Was the child's biological father formerly incarcerated? | Yes | No |
| 7. Does the family member have a history of incarceration?  | Yes | No |
| 8. If yes, please explain relationship to applicant: _____  |     |    |

***If yes to any of the above regarding the child's parents, provide detail:***

9. Dates of each incarceration/how long served: Please be specific. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What were the convictions? Please be specific for each. \_\_\_\_\_  
\_\_\_\_\_

11. Is either parent on parole? If so, who? \_\_\_\_\_

12. Did either parent have trouble with the law earlier in life? If yes, at what age and for what?  
\_\_\_\_\_  
\_\_\_\_\_

13. Was either parent a ward of the state as a child/teen? \_\_\_\_\_  
\_\_\_\_\_

FAMILY HISTORY OF SUBSTANCE ABUSE

1. Please provide a brief summary of the impact that substance abuse by family members has had on the applying child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please provide documentation of substance abuse (for example, documentation from substance abuse treatment program, a social worker, counselor or approved professional).

(please circle one)

- 3. **Does the child’s biological mother have** substance abuse issues now?    Yes    No
- 4. **Has the child’s biological mother had substance abuse issues?**                    Yes    No
- 5. **Does the child’s biological father have substance abuse issues** now?    Yes    No
- 6. **Has the child’s biological father** had substance abuse issues?                    Yes    No
- 7. Does another family member have substance abuse issues now?                Yes    No
- 8. If yes, please explain relationship to applicant: \_\_\_\_\_

*If “yes” to any of the above regarding the child’s parents, provide detail:*

9. What substances were abused and for how long? Please be specific. \_\_\_\_\_  
\_\_\_\_\_

10. Has the person been in a residential or out-patient treatment program? \_\_\_\_\_  
\_\_\_\_\_

11. Name(s) of program(s), location(s) and dates of programs:

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12. Has your family ever had DCF involvement? \_\_\_\_\_ If yes, please explain.

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13. Is this child currently receiving counseling services? \_\_\_\_\_ If yes, please explain. List name of counselor and provide contact email/phone number.

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14. Please list each family member in the household:

<u>Name</u>	<u>DOB</u>	<u>Gender</u>	<u>Relation to Student</u>
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1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

15. What school would you like to see your child attend and why? \_\_\_\_\_

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16. Is there anything else we should know about the applicant or his/her situation?

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ADDITIONAL INFORMATION (*Your application will not be considered without all of the following*):

- Application
- Documentation of Incarceration and/or Substance Abuse
- Teacher Recommendation (can be sent in by teacher/school or parent)
- Counselor Recommendation
- Grades (copy of current report card)
- Financial Information (*two of these*: 1040, W-2, State Benefit Form, Pay Stubs)
- A current photo of your child

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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



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## AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

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

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

City/State/Zip Code: \_\_\_\_\_

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

### Information Requested:

General School Record/Report Card

Speech/Language Evaluation

Resource Information

Psychological Evaluation

Social History

Behavioral Evaluation

I E P

Educational Evaluation

Standardized Test Scores

***In consideration of my child's participation in the New Bedford Star Kids Scholarship program, I hereby give my permission for the above information to be sent by my child's school to the New Bedford Star Kids Scholarship Program for as long as my child participates in the program.***

*I understand that this information shall not be released by the school to any other recipient 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: \_\_\_\_\_



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## PARENTAL AUTHORIZATION TO RELEASE INFORMATION

**Student's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

In consideration of my child's participation in the New Bedford Star Kids Scholarship Program, I hereby agree that any information pertaining to the educational, financial and/or personal well-being of my child may be shared **by my child's school directly with** the New Bedford Star Kids Scholarship Program staff, my child's mentor and my child's scholarship sponsor. This includes, but is not limited to:

- Report cards, progress reports and teacher/advisor/coach comments (as they are issued, by \_\_\_\_\_ trimester or semester)
- Test scores
- Standardized test results
- Results of child and/or family assessments
- Disciplinary records
- IEP's
- Speech/Language, Psychological, Behavioral and/or Psychological Evaluations

I understand that Star Kids may contact my child's **school or other agency directly to obtain this** information as needed. I also agree to allow Star Kids Scholarship Program to share their information about my child to any agency helping my child.

**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.

**This release shall be valid for the duration of my child's participation in the New Bedford Star Kids Scholarship Program**

Name of Parent or Guardian:

(please print): \_\_\_\_\_

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





Annual Salary: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Employer's Phone Number:** \_\_\_\_\_

5. Parent #2/Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Home/Cell (circle one)

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

Annual Salary: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Employer's Name** \_\_\_\_\_

What is your annual household income? \_\_\_\_\_

6. # of dependent children in Elementary School \_\_\_\_\_ High School \_\_\_\_\_

College \_\_\_\_\_

7. Are you on Public Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No

ADC# \_\_\_\_\_

8. Amount received bi-weekly: \_\_\_\_\_

Amount of food stamps received bi-weekly: \_\_\_\_\_

9. If you are receiving Social Security, what is the amount received each month?  
(please attach documentation)

For you \$ \_\_\_\_\_ For spouse \$ \_\_\_\_\_

For children \$ \_\_\_\_\_

10. If you are separated or divorced, how much money on a monthly or yearly basis do you receive from your spouse?

\_\_\_\_\_

11. What is your monthly rent?

\_\_\_\_\_

12. Do you have any other source(s) of income or assets? Yes \_\_\_\_\_ No \_\_\_\_\_

13. If yes, what are they and how much annual income do they provide? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. *Proof of Income:* (APPLICATION WILL NOT BE CONSIDERED COMPLETE IF THIS IS NOT RECEIVED)

Each Parent/Guardian/Step-parent must include documentation of income in TWO of the following forms:

- Your most recent Federal and State tax returns filed (Form 1040A or 1040EZ); AND
- A copy of a **W-2 Form and 2 pay stubs (or one month's worth of pay stubs)** from your current, or most recent, job OR
- Documentation of public assistance (Supplemental Security Income, etc.)

15. Please tell us the circumstances that make financial aid necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of Parent or Guardian (please print or type):

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Signature:

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



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## New Bedford Star Kids Scholarship Program Parent/Student Agreement

Name of Student:

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*The goal of New Bedford Star Kids is to help your child graduate from high school. Our expectations are high because we want to make sure that your child is well prepared for higher education in order to secure and maintain a good job and to be successful in the real world. A **New Bedford Star Kids' scholarship is not only a unique opportunity, but it is also a privilege. It is a special program and therefore has special rules. In order to keep this scholarship, you and your child must agree to sign and follow the New Bedford Star Kids Parent/Student Agreement. If the terms of the agreement are not met, you and your child will be required to attend a meeting, and your child may be placed on probation and/or may be dismissed from the program at any time during the school year.***

1. My child and I will be familiar with all school rules, including those regarding behavior, homework, proper attire, religious requirements, attendance at school events, volunteering and fundraising, and Parent-Teacher conferences. My child will follow all school rules and will treat faculty and other children with respect. I will be **responsible for any fundraising my child's school requires.**
2. **Attendance at school is critical to my child's educational success.** Since I know that New Bedford Star Kids takes absenteeism very seriously, I will call the school as early as possible if my child is absent from school and if requested, write a letter of explanation about the nature of his/her absence when he/she returns to school. My child will not miss **more than 10 days each year without a doctor's note.** I understand that excessive tardiness and/or absence from school may result in my child's dismissal from the program.

3. I understand that my child must maintain a C+ or better average in order to avoid probation or dismissal from the program. I understand that New Bedford Star Kids does not pay for summer school. If I feel my child is in need of extra academic help or tutoring, I will contact New Bedford Star Kids.
4. I will fill out all financial aid forms requested by the school or the Diocese, and I will share a printed copy of my completed financial aid forms with New Bedford Star Kids.
5. I will apply for all scholarships my child is eligible for, including the Fall River Diocese FACE Scholarship, as well as my parish subsidy. If I do not apply for the scholarships I am eligible for, the \$ amount my child would have been eligible for will be deducted from my New Bedford Star Kids Scholarship tuition subsidy.
6. I understand that New Bedford Star Kids will correspond directly with my **child's school** pertaining to the educational, financial and personal well-being of my child, and that New Bedford Star Kids will request information including report cards, standardized test scores, results of child and family assessments, tutoring and other relevant information. New Bedford Star Kids is not required to contact me prior to doing this.
7. My child will attend both annual New Bedford Star Kids events - the holiday party and the end of the school year party. If my child cannot attend one of the annual parties, he/she will be expected to volunteer at another New Bedford Star Kids or community event in lieu of one of the parties.
8. I will let New Bedford Star Kids know immediately of any change of address, phone number, email address or family circumstances and will return calls promptly. I will cooperate fully with the New Bedford Star Kids staff.
9. My child and I will write and sign a personalized thank you note by May 1st of each calendar year to his/her sponsor. If my child is newly enrolled in the program, he/she must complete a holiday card thank you note by December 1<sup>st</sup> as well. If I have more than one child in the program, each child will write his/her own thank you note to the sponsor. If New Bedford Star Kids does not receive my **child's thank you note by May 1 of any calendar year, I understand that my child will not receive any summer or after-school funding, and New Bedford Star Kids will withhold my child's tuition scholarship. If requested, I will provide an updated photograph of my child which will accompany the thank you note.**

10. My child will be assigned a mentor by New Bedford Star Kids Scholarship Program. **New Bedford Star Kids' expectation is that each New Bedford Star Kid graduates** from high school and pursues a higher educational opportunity. New Bedford Star Kids feels that the success of each child is not only contingent upon a successful academic foundation, but also upon taking advantage of all that New Bedford Star Kids Scholarship Program has to offer such as summer camp, after school programs, extra-curricular programs, mentoring and tutoring.
11. **I will not ask my child's sponsor or mentor for money, food or services (such as transportation).**
12. I agree to comply with all terms in this New Bedford Star Kids Parent Agreement. I understand that if the terms of the agreement are not met, I will be required to attend a meeting, and my child may be placed on probation and/or may be dismissed from the program at any time during the school year.

*If all terms of this Parent/Student Agreement, are met each year, the scholarship will be renewed annually at the sole discretion of the New Bedford Star Kids Program. There is no promise or obligation to renew the scholarship for subsequent school years.*

*This agreement will remain in effect as long as my child is in the New Bedford Star Kids Program.*

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**Parent/Guardian's Name (Please Print)**

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**Parent/Guardian's Signature**

**Date:**

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**Student's Name (Please Print)**

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**Student's Signature**

**Date:**



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Part D. Teacher Recommendation Form

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

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

1. Student \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Current Grade \_\_\_\_\_ Current Class Size \_\_\_\_\_ Name of Teacher \_\_\_\_\_
3. Current School \_\_\_\_\_ School Phone \_\_\_\_\_
4. 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 admission 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

5. Respects classroom rules \_\_\_\_\_
6. Exhibits self-control \_\_\_\_\_
7. Expresses ideas appropriately \_\_\_\_\_
8. Assumes responsibility for own actions \_\_\_\_\_
9. Works cooperatively with peers \_\_\_\_\_

WORK HABITS

10. Stays focused in a large group setting \_\_\_\_\_



- 11. Works cooperatively in a group \_\_\_\_\_
- 12. Works well independently \_\_\_\_\_
- 13. Completes tasks on time \_\_\_\_\_
- 14. Follows written directions \_\_\_\_\_

Seldom Sometimes Often Consistently With Strength

APPROACH TO LEARNING

- 15. Enjoys new activities \_\_\_\_\_
- 16. Seeks out help when needed \_\_\_\_\_
- 17. Shows initiative \_\_\_\_\_
- 18. Is curious and eager to learn \_\_\_\_\_
- 19. Puts best effort into work \_\_\_\_\_

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

- 20. Reading \_\_\_\_\_  
\_\_\_\_\_
- 21. Math \_\_\_\_\_  
\_\_\_\_\_
- 22. Spelling \_\_\_\_\_  
\_\_\_\_\_
- 23. Handwriting \_\_\_\_\_  
\_\_\_\_\_
- 24. Written Expression \_\_\_\_\_  
\_\_\_\_\_
- 25. Social Studies \_\_\_\_\_  
\_\_\_\_\_
- 26. Science \_\_\_\_\_  
\_\_\_\_\_
- 27. Art and Music \_\_\_\_\_  
\_\_\_\_\_
- 28. Computer \_\_\_\_\_  
\_\_\_\_\_
- 29. Foreign Language \_\_\_\_\_





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Part E. Counselor/Social Worker Recommendation Date: \_\_\_\_\_

***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 admission purposes only.

Your responses will be used to make a thoughtful enrollment decision.

1. Name of Star Kid student applicant \_\_\_\_\_
2. Parent Name \_\_\_\_\_
3. Name of parent counselor/social worker \_\_\_\_\_
4. Agency \_\_\_\_\_ Agency phone number \_\_\_\_\_
5. Agency Address \_\_\_\_\_
6. 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

7. 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, and why.

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8. 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.

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9. How long have you worked with this parent, and how long do you plan to work with him/her?

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10. Are you available to help them with ongoing family problems and emergency situations?

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Signature of Counselor/Social Worker: \_\_\_\_\_

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