



PROGRAM APPLICATION

NEW BEDFORD STAR KIDS SCHOLARSHIP PROGRAM
P.O. BOX 50494 . NEW BEDFORD, MA 02745 . 774-400-7974
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 April 1 to be given first consideration for the following 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):

-
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:

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:

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

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

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? _____

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

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: _____



P.O. Box 50494 New Bedford, MA 02745

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:** _____



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 _____

30. Athletics

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

31. Reading:	High	Medium	Low
32. Math:	High	Medium	Low

STANDARDIZED TESTING

33. Has this student taken any standardized tests: Yes No

Please attach any test scores.

OVERALL COMMENT

34. 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.

35. PARENT INFORMATION

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

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

Please list your phone number(s) if you would prefer to discuss this candidate by telephone.



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.

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.

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

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

Signature of Counselor/Social Worker: _____

Date: _____

