



Star Kids' Commitment to the Student and Parent

If all terms of the **Parent Agreement** and **Student Agreement** (for students in grades 6-12) are met each year, Star Kids plans to provide the following assistance until the student graduates from high school:

- Up to \$4,000 per year of **tuition assistance** for grades K-8, and up to \$4,500 for high school tuition, to a non-public school for each year your child is in the Star Kids program
- \$125 gift certificate per year for **school uniforms**
- Up to \$300 per year of **after-school program** assistance
- Up to \$250 per year of **summer program** assistance
- Up to \$150 per year for **high school books**
- **School field trips** (amount and frequency to be determined by Star Kids)
- **Tutoring** (on a per-case, as-needed basis, as determined by the child's school and Star Kids)
- **Mentoring** (on a per-case basis and based on mentor availability)
- Assistance with **transportation** expenses to and from school (on a per-case basis, as determined by Star Kids)

We encourage you to take advantage of the funds provided for after-school and summer activities so that the students may have as active and enriching an educational experience as possible. **Receipts are needed for reimbursement of all activities.** Funds designated for one activity (e.g., after-school, summer camps) may not be spent on another (e.g., additional tuition assistance, more summer camps, etc.).

PLEASE NOTE: Star Kids does not provide funds for all fees (insurance, meals, processing or late fees, etc.) required by the school(s) at which you choose to enroll your child/ren. We encourage you to speak with the school and Star Kids prior to enrolling your child to make sure you understand what other costs will be incurred and what your expected total financial contribution will be.

Star Kids' support ends at high school graduation. Star Kids does not provide assistance for college tuition.



PROGRAM APPLICATION

NEWPORT/FALL RIVER STAR KIDS SCHOLARSHIP PROGRAM
 P.O. Box 6214 • MIDDLETOWN, RI 02842 • 401-848-4187
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 to be given first consideration for the following school year. Decisions are typically made in May.

_____ Date Received **(circle one)** Newport Fall River

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

PLEASE PRINT!

1. Student's Name: _____
2. Student's Gender: M F Student's Age: _____
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. Home Address: _____

8. Full name(s) of parent(s)/guardians(s):

- 9. Current School: _____
- 10. Grade at time of application: _____ Grade applying for: _____
- 11. Age at time of application: _____
- 12. School Contact: _____ Telephone: _____
- 13. Does the student have any physical or emotional conditions that Star Kids should be aware of? _____

- 14. Has the student ever had a psychological or educational evaluation?
Yes _____ No _____ If yes, please explain: _____

- 15. Family Case Manager/Counselor(s): _____
Telephone: _____
- 16. How did you hear about Star Kids? _____

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). **This is required.**

(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 another 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 for each conviction, and in what facility (name, location). *Please be specific and list each incarceration.*

10. What were the *convictions* for? *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, letter from a counselor or approved professional). **This is required.**

(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. If so, name(s) of program(s), location(s), dates of programs. **Please be specific.**

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:

Name	Date of Birth/Age	Gender	Relation to Student
------	-------------------	--------	---------------------

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):

- **Completed Application**
- **Documentation of Incarceration and/or Substance Abuse**
- **Teacher Recommendation (can be sent in by teacher/school or parent)**
- **Counselor Recommendation (if the child or parent sees a counselor)**
- **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/Guardian Name (Print):

Parent/Guardian Signature:

Date: _____

Part C. Financial Information

1. Student's Name: _____

2. Address: _____

Preferred Phone Number: _____ Home/Cell (circle one)

Email: _____

3. Student is living with: Both Parents Mother Father Guardian
Parents' Marital Status: Married Separated Divorced Widowed Single

4. MOTHER (or GUARDIAN) and FATHER (or GUARDIAN)

Parent #1/Guardian/Live-In Domestic Partner

Name: _____

Address: _____

Preferred Phone Number: _____ Home/Cell (circle one)

Email: _____

Annual Salary: _____

Occupation: _____

Employer's Name: _____

Employer's Phone Number: _____

5. **Parent #2/Guardian/Live-In Domestic Partner**

Name: _____

Address: _____

Preferred Phone Number: _____ Home/Cell (circle one)

Email: _____

Annual Salary: _____

Occupation: _____

Employer's Name: _____

Employer's Phone Number: _____

6. What is your **current annual household income?** (*NOTE: This includes every single person, related or not, who lives in the household*) _____
7. # of dependent children in Elementary School _____ High School _____
College _____
8. Are you on Public Assistance? _____ Yes _____ No
ADC# _____
9. Amount received bi-weekly: _____
Amount of food stamps received bi-weekly: _____
10. If you are receiving Social Security, what is the amount received each month?
(please attach documentation)
For you \$ _____ For spouse \$ _____
For children \$ _____
11. If you are separated or divorced, how much money on a monthly or yearly basis do you receive from your spouse? _____
12. What is your monthly rent? _____
13. Do you have any other source(s) of income or assets? Yes _____ No _____
14. If yes, what are they and how much **annual income** do they provide? _____

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

Each Parent/Guardian/Step-parent/Domestic Partner 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 (SNAP, Supplemental Security Income, etc.)

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

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):

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 COMMENTS

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's Name _____
3. Name of Parent's 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 his/her incarceration and/or drug rehab or is working on his/her drug rehab, has been re-united with his/her child and would like to put his/her past behind them and make a brighter life for him/herself and his/her child. This parent should understand the value of an excellent education, appreciate this opportunity, and be willing to do what is necessary to help his/her child succeed in a non-public school. This includes:

- making sure the 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 or emails 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 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 for how long do you plan to work with him/her? _____

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

Signature of Counselor/Social Worker: _____

Date: _____



P.O. Box 6214 Middletown, RI 02842

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Student's Name: _____

Date of Birth: _____

Student's Address: _____ Apt. #: _____

City/State/Zip Code: _____

School Name: _____

Student's Current Grade: _____

Information Requested:

- | | |
|--|---|
| <input type="checkbox"/> General School Record/Report Card | <input type="checkbox"/> Speech/Language Evaluation |
| <input type="checkbox"/> Resource Information | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Social History | <input type="checkbox"/> Educational Evaluation |
| <input type="checkbox"/> Behavioral Evaluation | |
| <input type="checkbox"/> I E P | |
| <input type="checkbox"/> Standardized Test Scores | |

In consideration of my child's participation in the Star Kids Scholarship Program, I hereby give my permission for the above information to be sent by my child's school to the 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:** _____



P.O. Box 6214 Middletown, RI 02842

PARENTAL AUTHORIZATION TO RELEASE INFORMATION

Student's Name: _____

Date of Birth: _____ **Current Grade:** _____

In consideration of my child's participation in the 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 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
- IEPs
- Speech/Language, Psychological, Behavioral and/or Psychological Evaluations

I understand that Star Kids may contact my child's school or another 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.

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

Name of Parent or Guardian:

(please print) _____

Signature: _____ **Date:** _____