



## 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 \$4,500 per year of **tuition assistance** for grades K-8, and up to \$5,000 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. We also do not pay for school fundraising fees; those are the responsibility of the family.***

***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](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 to be given first consideration for the following school year. Decisions are made on a rolling basis.***

**Application is for:** Newport \_\_\_\_\_ Fall River \_\_\_\_\_ School Year \_\_\_\_\_

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

**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 legal name(s) of biological parent(s) and guardians(s) (if applicable), date of birth, and relationship to student:

\_\_\_\_\_  
\_\_\_\_\_

9. Please list each family member living in the household:

Name                      Date of Birth/Age                      Gender                      Relation to Student

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

10. Current School:

\_\_\_\_\_

11. Current School Contact:

\_\_\_\_\_

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

12. List the schools the student has been accepted to for the upcoming school year (in order of preference).

1.) \_\_\_\_\_  
2.) \_\_\_\_\_  
3.) \_\_\_\_\_

**PLEASE NOTE: You are responsible for identifying the school(s) you would like your child to attend and applying to them. Star Kids does not do this.**

13. Which school would you like to see your child attend and why?

\_\_\_\_\_

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14. Grade at time of application: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

15. Age at time of application: \_\_\_\_\_

16. Does the applying student have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Has the applying student repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Does the student have any physical or emotional conditions that Star Kids should be aware of? \_\_\_\_\_  
\_\_\_\_\_

19. Has the student ever had a psychological or educational evaluation?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. Family Case Manager/Counselor(s): \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

20. 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)

- a. Is the child’s biological mother currently incarcerated?      Yes              No
- b. Was the child’s biological mother formerly incarcerated?      Yes              No
- c. Is the child’s biological father currently incarcerated?      Yes              No
- d. Was the child’s biological father formerly incarcerated?      Yes              No
- e. Has the child’s stepparent or guardian ever been incarcerated?      Yes              No

***If “yes” to any of the above, please provide detail:***

3. Dates of **EACH incarceration**/how long served for each conviction, and in what facility (name, location). ***Please be specific and list each incarceration.***

**\*Please Note: Only time served in prison -- not arrests -- by the applicant’s parent(s) is relevant and considered for eligibility.**

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4. What were the ***convictions*** for? ***Please be specific for each.***

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

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

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7. Is the parent who is/was incarcerated still in touch with the child?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_

**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)

- a. Does the child’s biological mother have substance abuse issues now? Yes No
- b. Has the child’s biological mother had substance abuse issues? Yes No
- c. Does the child’s biological father have substance abuse issues now? Yes No
- d. Has the child’s biological father had substance abuse issues? Yes No
- e. Has the child’s stepparent or guardian ever had substance abuse issues? Yes No
- f. Has any other **immediate family member** (brother/sister) had substance abuse issues? Yes No

***If “yes” to any of the above, please explain:***

3. What substances were abused and for how long? ***Please be specific.***

\_\_\_\_\_

\_\_\_\_\_

4. Has the person been in a **residential or out-patient** treatment program?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. If so, legal name(s) of **each** program(s), location(s), dates person was in programs.

**Please be specific.**

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

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7. Is the parent who is/was having substance abuse issues still in touch with the child?

Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes," please explain: \_\_\_\_\_

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

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**REQUIRED 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

*I hereby certify that all statements on this application are true and correct to the best of my knowledge. I understand that a false statement may disqualify my child/ren from being considered for the Star Kids Program.*

**Parent/Guardian Name (PLEASE PRINT):**

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**Parent/Guardian Signature:**

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**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. # of dependent children who have not entered school yet? \_\_\_\_\_

9. Are you on Public Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
ADC# \_\_\_\_\_

10. Amount received bi-weekly: \_\_\_\_\_  
Amount in food stamps received bi-weekly: \_\_\_\_\_

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

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

12. If you are receiving Disability, what is the amount received each month?  
For you \$ \_\_\_\_\_ (please attach documentation)

13. What is your disability diagnosis? \_\_\_\_\_  
\_\_\_\_\_

14. If you are disabled, what is the date you started receiving payments? \_\_\_\_\_

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

16. What is your monthly rent? \_\_\_\_\_

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

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

19. If you are not disabled and are not employed, please explain: \_\_\_\_\_  
\_\_\_\_\_

20. Please tell us the circumstances that make tuition assistance necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. **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, including:

- 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.)

*I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify my child/ren from being considered for the Star Kids Program.*

Parent/Guardian Name (PLEASE PRINT):

\_\_\_\_\_

Parent/Guardian 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.

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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 for how long do you plan to work with him/her? \_\_\_\_\_

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

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