#CAPSM Program Student Application Form

## Applicant Information

**NAME:**

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**Date of Birth (MM/DD/YY):** ____________________________  
**Gender:**   $\square$ Male  $\square$ Female

**Grade Level:** $\square$ 11th (Junior)  $\square$ 12th (Senior)

### HIGH SCHOOL

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**Current GPA (if applicable) Cumulative GPA:** ____________________________

### CAREER INTERESTS (check all that apply):

- Agriculture, Food Processing & Natural Resources
- Architecture, Industrial Design, CAD
- Audio/Visual Technology Management & Administration
- Business Management, Process Management, Human Resources
- Business Office Administration/Support Services
- Communications
- Education, Training, Library Science
- Engineering, Mathematics, Research/Science (STEM)
- Finance, Banking, Accounting
- Government, Public Administration, Planning, Transportation, Distribution & Logistics
- Health Science (Medicine, Dentistry, Nursing, Pharmacy)
- Hospitality & Tourism
- Human Services (e.g., Social Work, Psychology, Counseling)
- Information Technology, Computer Science
- Law
- Marketing, Advertising, Promotion
- Military Services (e.g., Army, Marines, Navy, or Reserves)
- Performing & Fine Arts, Graphic Design, Fashion Design
- Public Safety, Corrections & Security
- Sales
- Vocational: (e.g., Automotive, Cosmetology, Construction, Industrial Trades, Technician)
- Other: ____________________________

## Parental/Legal Guardian Information

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## Emergency Contacts

**NAME:**

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Parental Consent & Responsibility

As the parent or legal guardian of ________________________________________________________
(hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his participation in the #CAPSM program.
2. I acknowledge that she/he will be enrolled in 11th or 12th grade in good academic standing.
3. I am aware that upon application to the #CAPSM program, I must provide a copy of her/his most recent grade report.
4. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for the #CAPSM admissions process and #CAPSM which may also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she/he is present at all scheduled activities.
7. I authorize permission for her/him to attend all #CAPSM excursions that are off-site from the regular meeting place.
8. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the #CAPSM program personnel.
9. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize the #CAPSM program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
11. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel in print or electronic media used to promote the program.
12. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
13. I relieve Alpha Kappa Alpha Sorority, Inc. and #CAPSM program personnel from any liability that may arise during her/his involvement in the #CAPSM program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
15. Termination of a student’s involvement in #CAPSM will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

PARENT/LEGAL GUARDIAN PRINTED NAME: ________________________________________________

RELATIONSHIP TO APPLICANT/PARTICIPANT: ____________________________________________

PARENT/LEGAL GUARDIAN SIGNATURE: ___________________________ DATE: _____________

CONTACT NUMBER: ___________________________ EMAIL: ________________________________
Student Code of Conduct & Responsibility Contract

As a participant of the #CAPSM program:

1. I agree to abide by the rules and regulations set forth by the #CAPSM personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all #CAPSM personnel.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application and upon request of the #CAPSM personnel.
5. I will remain in good academic standing.
6. I understand that I must notify the #CAPSM program personnel of any absence from Program activities.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent’s written consent.
8. I will participate in workshops and activities that seek to prepare me for the CAPSM admissions process.
9. I will be fully engaged in attending program meeting and activities that may include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the #CAPSM program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc. and #CAPSM program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
14. I will evaluate the #CAPSM program when requested.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the #CAPSM program.

STUDENT/APPLICANT PRINTED NAME: ___________________________________________________________

DATE: ________________________________

STUDENT/APPLICANT SIGNATURE: ___________________________________________________________

CONTACT NUMBER: __________________________________________________________

EMAIL: __________________________________________________________

Alpha Kappa Alpha Sorority, Incorporated — #CAPSM 2018-2022 application
#CAP℠ Pre/Post-Assessment

Name: ____________________________

Using the scale that follows, please choose the number that best describes your response to the items below.

1 = Strongly Disagree • 2 = Disagree • 3 = Neutral • 4 = Agree • 5 = Strongly Agree

1. I know very little about the best place to start for the college admission process. 1 2 3 4 5
2. I am familiar with Coalition, Common, and Universal college applications. 1 2 3 4 5
3. I plan to apply to more than one college for admission. 1 2 3 4 5
4. I know that some colleges have both an online and paper application process. 1 2 3 4 5
5. I plan to apply to colleges that I cannot afford. 1 2 3 4 5
6. Additional materials are often requested with my college application. 1 2 3 4 5
7. I must decide on my major before applying to college. 1 2 3 4 5
8. I should apply for financial aid even if I don’t think I qualify. 1 2 3 4 5
9. My parents’ tax return has no bearing on my dependency status. 1 2 3 4 5
10. I should not apply to a college if my admission-test scores and grades are below the college’s published ranges. 1 2 3 4 5

Please provide the following information:

1. Gender: ____________________________
2. Race/Ethnicity: ____________________________
3. Are you from a: Rural Area Urban Area Suburban Area
4. Do you participate in other activities outside of school? If so, please list those activities.

________________________________________________________________________________________

5. What type of high school do you attend:
   □ Public □ Parochial □ Home school
   □ Private □ College prep □ Other

________________________________________________________________________________________

6. What is the makeup of the student population at the high school you attend?
   □ Majority Hispanic □ Majority African American
   □ Majority White/Caucasian  □ Majority Asian American
   □ Equal Mix of All Groups □ Other _____________
   □ All Female □ All Male

7. Do you participate in a college preparatory program (e.g., magnet, honors, etc.)? □ Yes □ No

8. Do you take courses outside of your regular high school classes (e.g., Saturday classes, college courses)? □ Yes □ No