



COLLEGE SUCCESS ACADEMY

Application Form

Please make a copy of this form for your records

Due: January 3, 2020

Part A: Student Information

Gender options: Male, Female, (Optional) Self-Identify

Student's Full Name: First Middle Last

Date of Birth: Place of Birth:

How long has the student lived in the U.S.? Since birth For years

Home Address: Number and Street Apartment Number City State Zip Code

Home Phone: Student Email:

Check all that apply: Black White Hispanic Asian Native American Other:

Current School: Current Grade: Teacher's Name:

Next September my child will be enrolled in: School.

Has the student ever repeated a grade? Yes No If yes, which grade?

Has the student ever advanced or skipped a grade? Yes No If yes, which grade?

Has the student applied to a Steppingstone program before? Yes No If yes, in what year?

Part B: Family Information

1. Student's parents are (check all that apply):

Married Separated Divorced Never Married Mother Deceased Father Deceased

2. Does the student speak a language other than English fluently? No Yes (what language)

3. Primary language spoken at home:

For Office Use Only:

Received: Date Initials

Data Entered: Date Initials

Part C: Parent/Guardian Information

We request that you complete this section for all parents, stepparents and/or guardians with whom the applicant resides, or who otherwise take care of applicant.

Parent/Guardian 1: _____ Mr. Mrs. Ms.

Relationship to student: Mother Father Guardian Stepparent Other: _____
First *Last*

Home address: _____ Home Phone: _____

Cell phone: _____ Work phone: _____ Email: _____

Occupation: _____ Employer: _____ Annual Income: _____

Place of Birth: _____ Native Language: _____ Lives with student? Yes No

Please fill out the chart indicating school(s) attended and education completed by Parent/Guardian 1.

Level of Education	Name of School Attended (note country if outside U.S.)	Status (check one)
Grammar School (Grades K-8 or equivalent)		<input type="checkbox"/> Attended <input type="checkbox"/> Completed
High School (Grades 9-12 or equivalent)		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress
Associate/Professional Certificate		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress
Bachelor		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress
Master/Doctoral		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress

Parent/Guardian 2: _____ Mr. Mrs. Ms.

Relationship to student: Mother Father Guardian Stepparent Other: _____
First *Last*

Home address: _____ Home Phone: _____

Cell phone: _____ Work phone: _____ Email: _____

Occupation: _____ Employer: _____ Annual Income: _____

Place of Birth: _____ Native Language: _____ Lives with student? Yes No

Please fill out the chart indicating school(s) attended and education completed by Parent/Guardian 2.

Level of Education	Name of School Attended (note country if outside U.S.)	Status (check one)
Grammar School (Grades K-8 or equivalent)		<input type="checkbox"/> Attended <input type="checkbox"/> Completed
High School (Grades 9-12 or equivalent)		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress
Associate/Professional Certificate		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress
Bachelor		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress
Master/Doctoral		<input type="checkbox"/> Attended <input type="checkbox"/> Graduated <input type="checkbox"/> Degree in Progress

To provide information for additional parents/guardians, please see page 4.

Please list the information for all of the student's **BROTHERS, SISTERS AND ANY OTHER MEMBERS OF YOUR HOUSEHOLD** for whom parents or guardians are financially responsible. (Attach another page if necessary; do not include parents/guardians already mentioned on pages 2 and 4)

Name	Relationship to student	Current or most recent school/college attended	Check if lives with student
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Please check the appropriate box below if you receive any of the following:

- | | |
|---|---|
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) | <input type="checkbox"/> SSI (Supplemental Security Income) |
| <input type="checkbox"/> TAFDC (Transitional Aid to Families with Dependent Children) | <input type="checkbox"/> Mass Health/Medicaid |
| <input type="checkbox"/> DCF Foster Care Program | <input type="checkbox"/> Other state or transitional assistance |

Part D: Confidentiality

A. Parent/Guardian Consent for Release of Academic Records:

I hereby give permission for College Success Academy and its representatives to request and obtain the academic and special education records for my child for the 2019-2020 school year. Once my child is enrolled, I give permission for College Success Academy to have access to my child's school records for the duration of the program.

Parent or Guardian Signature: _____ Date: _____

B. Disclosure

I agree that this application and any other information received by College Success Academy in connection with this application are true to the best of my knowledge, and understand that this information is *strictly confidential* and will not be disclosed to any other person not affiliated with The Steppingstone Foundation.

Parent or Guardian Signature: _____ Date: _____

Please Note: We seek to serve those families with the greatest need for a tuition-free college access program. To do this, we require families who become finalists in the admission process to submit taxes and/or other verification of reported income. To ensure timely availability of tax documents, we recommend filing your taxes as early as possible in the new calendar year.

Please mail this completed form by **January 3, 2020** to:

**College Success Academy - Admission
The Steppingstone Foundation
One Appleton Street, 4th Floor
Boston, MA 02116**

*College Success Academy is a program of The Steppingstone Foundation®.
The Steppingstone Foundation is committed to a policy of equal treatment for all individuals.*

