



ASCEND Application Packet

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 ASCEND program.
2. I acknowledge that she/he will be enrolled in 9th, 10th, 11th or 12th grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent (new applicants must be matriculating in 9th-12th grade at the time of participation). Students with less than a “C” average will be placed on probation and must show improvement to remain in the program.
3. I am aware that upon application to the ASCEND program, I must provide a copy of her/his most recent grade report.
4. I understand that program membership may be revoked after three unexcused absences from meetings and activities within an academic year and I must notify the ASCEND program personnel of any absence.
5. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for career and/or college which will also include community service and cultural enrichment activities.
7. I understand that it is my responsibility to make sure that she/he is present at all program activities.
8. I authorize permission for her/him to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
9. 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 ASCEND program personnel.
10. 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.
11. I authorize the ASCEND 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.
12. 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 ASCEND program personnel in print or electronic media used to promote the program.
13. 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.
14. I relieve Alpha Kappa Alpha Sorority, Inc. and ASCEND program personnel from any liability that may arise during her/his involvement in the ASCEND program meetings and activities.
15. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel.
16. Termination of a student’s involvement in ASCEND 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	Date
Parent/Legal Guardian Signature	Contact Number	Email



Student Code of Conduct & Responsibility Contract

As a participant of the ASCEND program:

1. I agree to abide by the rules and regulations set forth by the ASCEND personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
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.
5. I will remain in good academic standing with a cumulative minimum average of a “C” or its equivalent.
6. I understand that my membership may be revoked after three unexcused absences from meetings and activities within an academic year and that I must notify the ASCEND program personnel of any absence.
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 a career and or college attendance.
9. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the ASCEND 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 ASCEND 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 ASCEND program personnel.
14. I will evaluate the ASCEND 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 ASCEND program.

Student/Applicant Printed Name

Date

Student/Applicant Signature

Contact Number

Email



ASCEND Application Packet



ASCEND Program Student Application Form

Applicant Information

Name _____
(Last Name) (First Name) (Middle Initial)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Email _____
(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) _____ Gender _____ Male _____ Female _____

Grade Level : ___ 9th Grade (Freshman) ___ 10th Grade (Sophomore) ___ 11th Grade (Junior) ___ 12th Grade (Senior)

High School Name _____

High School Address _____
(Street) (City) (State) (Zip Code)

Current GPA (if applicable) _____ Cumulative GPA _____

Career Interest (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, Food & Natural Resources | <input type="checkbox"/> Human Services (e.g., Social Work, Counseling) |
| <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Law, Public Safety, Corrections & Security |
| <input type="checkbox"/> Audio/Visual Technology | <input type="checkbox"/> Management & Administration |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Business | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Military Services (e.g., Army, Marines, Navy, or Reserves) |
| <input type="checkbox"/> Finance Planning | <input type="checkbox"/> Science, Technology, Engineering & Math (STEM) |
| <input type="checkbox"/> Government & Public Administration Planning | <input type="checkbox"/> Transportation, Distribution & Logistics |
| <input type="checkbox"/> Health Science (Medicine, Dentistry, Nursing, Pharmacy) | <input type="checkbox"/> Vocational Trade (e.g., Automotive, Construction, Industrial, Technician) |
| <input type="checkbox"/> Hospitality & Tourism | <input type="checkbox"/> Other |

Parental/Legal Guardian Information

Name _____
(Last Name) (First Name) (Middle Initial)

Address _____
(Street) (City) (State) (Zip Code)

Phone _____ Email _____
(Home Number) (Cell Number)

Emergency Contacts

Name _____
(Last Name) (First Name)

Name _____
(Last Name) (First Name)

Phone _____

Phone _____

Email _____

Email _____

