

YOUTH CAREER AWARENESS PROGRAM

PARENT INFORMATION CONTINUED

The YCAP scholarship is partially based on financial need; families who are at or above 75K will not qualify for the Youth Career Awareness Program.

Total Annual Household Income:

No Income 5k - 26k 27k – 40k 41k – 55k 56k – 74k 75K & above

Number of Dependents: 0-1 2-3 4-5 6 or more

Number of Dependents in College: 0-1 2-3 4-5 6 or more

FREE AND REDUCED LUNCH:

1. Does the applicant qualify for FREE lunch? Yes No

2. Does the applicant qualify for REDUCED lunch? Yes No

STUDENT EDUCATION INFORMATION

This section must be completed by the applicant's high school counselor, or an otherwise certified school district or state employee. The applicant's current high school transcript, IEP or ILP (if applicable), current classes enrolled in, and MCA test scores must be attached to process the application.

High School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

Name of adult completing this section: _____

Relationship to the applicant: _____

Office Phone: _____ Office Fax: _____

Email: _____

Grade Point Average (min. 2.5 G.P.A required to apply): _____

If not measured on a 4.0 scale please specify: _____

Check List (REQUIRED MATERIALS):

Current High School Transcript Current IEP/ILP (if applicable) Current classes enrolled in

MCA test scores

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FIELD TRIPS/OUTINGS PERMISSION FORM

Students who participate in the Youth Career Awareness Program (YCAP) will have an opportunity to experience many different activities that may include, but are not limited to: camping, various community service projects, Dunwoody College of Technology department visits/projects, field trips to a variety of twin cities companies, cookouts, canoeing, rock-climbing, water parks, science museum, and valley fair during our six-week summer session; along with Monthly Workshops, a Winter Gathering, and a Spring Retreat during the school year.

I, _____ give _____
(Parent/ Guardian Name) (YCAP Student Name)

Permission to participate in all YCAP activities from June 1, 2010 to May 31, 2011

Parent/Guardian Work Number

Parent/Guardian Cell Number

Parent/Guardian Signature

Date

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MEDICAL RELEASE FORM

Your application will not be considered if this page is not complete!

Effective dates: June 1, 2010 to May 31, 2011

Name: _____ Age: _____ Birth Date: _____
Last First Middle

Male Female

Medical insurance company: _____

Policy #: _____

Policy Holder Information	Policy Holder Information
Parent/Legal guardian:	Parent/Legal guardian:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone (H):	Phone (H):
(W): (C):	(W): (C):
E-Mail:	E-Mail:

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject to, and of which the staff should be aware of. Also include what if any action of protection is required. **Submit this notification in writing and attach it to this form; include names of medications and dosages that must be taken.**

Check the following areas of concern for this student. If necessary, add another page with details:

1. **Is your child currently taking any medication?**

Yes No If yes, please specify type and reason:

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MEDICAL HISTORY CONTINUED

2. **Is your child allergic to any of the following?** Yes No
- pollen medications food insect bites
 other does not apply

If you checked any of the above or other, please specify reaction:

3. **Does your child suffer from, or have they experienced, or are they currently being treated for any of the following?**
- asthma epilepsy / seizure disorder heart trouble
 frequently upset stomach physical handicap other
 diabetes does not apply

If you checked any of the conditions or other, please specify in writing and attach to this form.

4. Please list and explain any major illnesses the applicant experienced during the last year. Should this applicant's activities be restricted for any reason? **Please specify in writing and attach to this form.**

EMERGENCY CONTACT INFORMATION:

Please provide two emergency contacts other than Parent/Legal Guardians:

Name:	Name:
Address:	Address:
Relation to applicant:	Relation to applicant:
Home#:	Home#:
Office#:	Office #:
Cellular#:	Cellular#:
Email:	Email:

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PARENT RELEASE FORM FOR MEDIA AND RECORDING

I, the undersigned, do hereby grant or deny permission to Dunwoody College of Technology/Youth Career Awareness Program to use the image of my child, _____, as marked by my selection(s) below.

Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Dunwoody College of Technology/Youth Career Awareness Program Web site.

- Deny permission to use my child's image at all.

- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the Dunwoody College of Technology/Youth Career Awareness Program setting only (not in the larger community).

 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Dunwoody College of Technology/Youth Career Awareness Program or in the larger community.

 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).

 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Dunwoody College of Technology/Youth Career Awareness Program for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____

Date _____

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RELEASE OF INFORMATION

I authorize the Youth Career Awareness Program (YCAP) to have complete access to my son's daughter's academic, attendance, behavioral, and specialized records. In addition, I authorize YCAP to make visits to my son's/daughter's high school pertaining to academic participation in YCAP. This request applies to all appropriate records concerning my son's/daughter, including but not limited to;

- Individual Education Plan (IEP) • Individual Learning Plan (ILP) • Follow-up Plans • Referrals
- Juvenile Confinement • Treatment Facility • Placement in an Alternative Learning Center/School (ALC)

I understand the information may be requested and shared: in person by phone by fax
 by mail by e-mail

Student Name: _____ Date of Birth: _____

School Name: _____ Student Identification Number: _____

School Address: _____ City: _____ State: _____

Zip Code: _____ School Telephone: _____ Fax: _____

HIGH SCHOOL COUNSELOR INFORMATION

To be filled out by counselor

High School Counselor Name: _____

Counselor Phone: _____ Counselor Fax: _____

Counselor Email: _____ Academic Year: _____

Counselor Signature/Stamp: _____ Date Signed: _____

Where to submit record release (if applicable): _____

Name: _____ Fax: _____

I understand that YCAP has an obligation to keep my personal information, identifying information, and my records confidential in accordance with data privacy laws.

I understand that this authorization will need to be completed at the time of application as well as at the time of renewal.

PARENT INFORMATION

To be filled out by parent

Parent Printed Name: _____ Parent Phone: _____

Parent Signature: _____ Date Signed: _____

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YCAP APPLICATION CHECKLIST

Submit a completed YCAP application to YCAP on or before April 15, 2010.

**IF ANY OF THE REQUIRED PAPERWORK IS SUBMITTED LATE OR INCOMPLETE, THE STUDENT WILL NOT BE CONSIDERED FOR ADMISSION INTO YCAP.*

- YCAP Application
- Current High School Transcript
- Current IEP/ILP (if applicable)
- Specialized records/documents (if applicable)
- Current classes enrolled in
- MCA test scores
- Parent Release form for Media and Recording
- Two copies of your three paragraph Personal Essay

THREE PARAGRAPH PERSONAL ESSAY INSTRUCTIONS

You must write a three paragraph personal essay. Please choose one of the topics provided and check the box next to the topic you wrote/will write about.
(Select only **ONE** topic)

- Tell us about yourself and your goals for College.
- Tell us about a time when you helped someone.
- Tell us about a time when you were successful in something you didn't think you could do.
- Tell us about someone you deeply admire and why.
- Tell us about a traditional celebration you look forward to and why.

PLEASE NOTE: All applicants will receive an acceptance or decline letter from YCAP on or before May 15, 2010. There will be no replies to phone inquiries regarding application status, thank you.