



**URBAN SCHOLAR PROGRAM APPLICATION - PART ONE**

All applicants will be interviewed for a spot in the program.

Scholar's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Scholar's Cell (if applicable) \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Grade in School \_\_\_\_\_ School \_\_\_\_\_

My Scholar is attending school:  In-Person  Hybrid (some in-person and some remote)  Remote Learning Only

My Scholar has participated in:  Urban Scholars After School Program  Urban Scholars Summer Day Camp

My Scholar can attend all after school sessions on weekdays from 3:00 PM – 6:30 PM and/or summer day camp on weekdays from 8:30 AM - 3:30 PM. If unable to attend all sessions or if arrival and departure times will be different, please let us know below.

Program will include tutoring, leadership, teamwork/social emotional learning, instructional program classes, a snack and a meal.

Please rank from 1-5 the program classes that interest your scholar. Each scholar will be able to participate in two types of program classes during the week during the after school program. In the summer scholars will participate in groups based on age and interest. Program classes are provided by professionals. Each semester and summer, scholars will rank options.

- \_\_\_ Art
- \_\_\_ Music Lessons: Please check the instruments your child would like to learn \_\_\_Guitar \_\_\_Piano \_\_\_Drums
- \_\_\_ Martial Arts
- \_\_\_ Dance
- \_\_\_ Robotics

**Scholar's Race/Ethnicity:**

Asian  Black/African American  Hispanic  White  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander

Scholar's Gender:  Female  Male  Other T-Shirt Adult Size:  Small  Medium  Large  XLarge

Parent/Legal Guardian #1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from Scholar's) \_\_\_\_\_

Parent/Legal Guardian #1 Employer/Unemployed/Retired \_\_\_\_\_

Employer Address/City/Zip Code \_\_\_\_\_

Scholar's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian #2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address (if different from Scholar's) \_\_\_\_\_

Parent/Legal Guardian #2 Employer/Unemployed/Retired \_\_\_\_\_

Employer Address/City/Zip Code \_\_\_\_\_

Please list emergency contact if parent(s)/guardian(s) cannot be reached and to whom the child can be released.

Emergency Contact #1 Name \_\_\_\_\_

Emergency Contact #1 Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_

Emergency Contact #2 Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

How did you learn about the Urban Scholars Program? \_\_\_\_\_

Does your scholar have computer access at home?  Yes  No

Do you have internet access at home?  Yes  Yes, but with limited data.  No

Scholar Language: How well does scholar speak English?  Very well  Well  Not well  Not at all

Parent Language: How well do you speak English?  Very well  Well  Not well  Not at all

Do you speak a language other than English at home?  No  Yes, it is:  Spanish  French  ASL  Other \_\_\_\_\_

Parent Work Status:  Employed Full-time  Employed Part-time  Unemployed  Retired  Receiving Disability

Parent Marital Status:  Single  Married  Civil Union  Living Together  Separated  Divorced  Widowed

Family Housing:  We own home  Rent  Public Housing  Section 8  Live with Family/Friends  Homeless  Shelter

Youth Housing:  Live with Parent/Guardian  In Foster Care  Group Home  Live with Friends  Live with Relatives

Please check below if your family is currently enrolled in one of the following programs.

- SNAP (Supplemental Nutrition Assistance Program)  WIC (Women, Infants, and Children Nutrition Program)  
 Health Insurance Benefits (HUSKY, Medicaid, etc.)  TANF (Temporary Assistance to Needy Families)  
 EITC (Earned Income Tax Credit)

Scholar's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Does your scholar receive any special services at school?  Yes  No If yes, please describe below.

For example, does your child have an IEP (individualized education plan) or work with an aide?

**Certification and Consent:** I hereby certify that the information on this form is complete and correct to the best of my knowledge. I consent to have this information entered and saved into the LifeBridge Community Services confidential client database. I understand that client records are confidential and are not released or shared with anyone outside of LifeBridge Community Services without the parent/guardian's written consent except as required by law.

I have read the Urban Scholars Program responsibilities and both my Scholar and I agree to meet those expectations.

I give my permission for my child to be photographed, recorded, and/or videotaped by LifeBridge Community Services during agency-sponsored activities. I also understand that these photos, audio, and/or videos may be used in future publications, as marketing material or as training material.

I understand that LifeBridge Community Services is operating the Urban Scholars Program with great care, but that COVID-19 is a transmittable disease and my child is only in LifeBridge's care during the daytime program. I cannot hold LifeBridge Community Services liable if my child contracts COVID-19 or any other transmissible illness.

I give my permission for my child to attend the Urban Scholars Program at LifeBridge Community Services and to participate in all activities, subject to the authority of the Urban Scholars Program Director.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_