



**URBAN SCHOLAR SUMMER 2022 PROGRAM APPLICATION**

All applicants and a parent/guardian 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 (Fall 2022) \_\_\_\_\_ School \_\_\_\_\_

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

My Scholar can attend all sessions on weekdays from 8:30 – 3:30. \_\_\_ Yes \_\_\_ No

*If unable to attend all sessions or if arrival and departure times will be different, please let us know below.*

Program will include academics/tutoring/iReady, leadership, teamwork, social emotional learning, clubs, music lessons, and instructional program classes.

Please rank from 1-3 the program focus that interest your scholar:

- \_\_\_ Art
- \_\_\_ Career Exploration/Entrepreneurship
- \_\_\_ Digital Media
- \_\_\_ Putting your Best Self Forward: Cosmetology and Dance
- \_\_\_ Robotics
- \_\_\_ Sports and Fitness
- \_\_\_ STEM (Science, Technology, Engineering, and Mathematics)

**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

Scholar's T-Shirt Adult Size:  Small  Medium  Large  X-Large  XX-Large

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

Relationship to Scholar \_\_\_\_\_ 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 \_\_\_\_\_

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

Relationship to Scholar \_\_\_\_\_ 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 scholar 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? \_\_\_\_\_

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

Parent Language: How well do parent/guardian(s) 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 \_\_\_\_\_

Do you want us to send the Family Newsletter to you in Spanish?  Yes  No

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 \_\_\_\_\_

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

For example, does your scholar 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 are the sole property of LifeBridge Community Services and may be used at the agency's discretion in digital, online, and print media publications to market and promote the program 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. I am signing the application by typing my name below.

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