



# 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 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> 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 9<sup>th</sup>-12<sup>th</sup> 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

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## 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 : \_\_\_ 9<sup>th</sup> Grade (Freshman) \_\_\_ 10<sup>th</sup> Grade (Sophomore) \_\_\_ 11<sup>th</sup> Grade (Junior) \_\_\_ 12<sup>th</sup> 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 \_\_\_\_\_

