

## Parent/Guardian Form—Receipt Deadline: April 26, 2010

Think Big. Work Hard. Achieve.

Applicant name Last \_\_\_\_\_ First \_\_\_\_\_

► **INSTRUCTIONS**

As specified in the Application Guidelines, please write legibly using blue or black ink and use only the space allotted for your answers. See the Application Guidelines for other essential instructions.

► **PART I. MOTHER/GUARDIAN INFORMATION (BIOLOGICAL OR ADOPTIVE)**

Name First \_\_\_\_\_ Last \_\_\_\_\_  Dr.  Mrs.  Ms.  Mr.

Address (if different from applicant) \_\_\_\_\_

Home phone \_\_\_\_\_ Cellular phone \_\_\_\_\_

Email address \_\_\_\_\_ Primary language \_\_\_\_\_

Work phone \_\_\_\_\_ Job title \_\_\_\_\_

Employer \_\_\_\_\_ # of years with current employer \_\_\_\_\_

Check if:  unemployed \_\_\_\_\_ # of years unemployed \_\_\_\_\_

If unemployed, list most recent job title and employer \_\_\_\_\_

Check if:  self-employed \_\_\_\_\_ # of years self-employed \_\_\_\_\_

Check if:  on disability \_\_\_\_\_ # of years on disability \_\_\_\_\_

Check if:  retired \_\_\_\_\_ # of years retired \_\_\_\_\_

Highest level of education:  grade school  some high school  high school diploma  some college  
 bachelor's degree completed  some prof./grad. school  prof./grad. degree completed

Bachelor's degree Major \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

Prof./Grad. degree Field of Study \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

**STEPARENT (IF APPLICABLE)**

Name First \_\_\_\_\_ Last \_\_\_\_\_  Dr.  Mr.  Mrs.  Ms.

Job title \_\_\_\_\_ Work phone \_\_\_\_\_

Employer \_\_\_\_\_ # of years with current employer \_\_\_\_\_

Check if:  unemployed \_\_\_\_\_ # of years unemployed \_\_\_\_\_

If unemployed, list most recent job title and employer \_\_\_\_\_

Check if:  self-employed \_\_\_\_\_ # of years self-employed \_\_\_\_\_

Check if:  on disability \_\_\_\_\_ # of years on disability \_\_\_\_\_

Check if:  retired \_\_\_\_\_ # of years retired \_\_\_\_\_

Highest level of education:  grade school  some high school  high school diploma  some college  
 bachelor's degree completed  some prof./grad. school  prof./grad. degree completed

Bachelor's degree Major \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

Prof./Grad. degree Field of Study \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

## Parent/Guardian Form (continued)

Applicant name Last \_\_\_\_\_ First \_\_\_\_\_

### ▶ PART II. FATHER/GUARDIAN INFORMATION (BIOLOGICAL OR ADOPTIVE)

Name First \_\_\_\_\_ Last \_\_\_\_\_  Dr.  Mr.  Mrs.  Ms.

Address (if different from applicant) \_\_\_\_\_

Home phone \_\_\_\_\_ Cellular phone \_\_\_\_\_

Email address \_\_\_\_\_ Primary language \_\_\_\_\_

Work phone \_\_\_\_\_ Job title \_\_\_\_\_

Employer \_\_\_\_\_ # of years with current employer \_\_\_\_\_

Check if:  unemployed \_\_\_\_\_ # of years unemployed \_\_\_\_\_

If unemployed, list most recent job title and employer \_\_\_\_\_

Check if:  self-employed \_\_\_\_\_ # of years self-employed \_\_\_\_\_

Check if:  on disability \_\_\_\_\_ # of years on disability \_\_\_\_\_

Check if:  retired \_\_\_\_\_ # of years retired \_\_\_\_\_

Highest level of education:  grade school  some high school  high school diploma  some college  
 bachelor's degree completed  some prof./grad. school  prof./grad. degree completed

Bachelor's degree Major \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

Prof./Grad. degree Field of Study \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

### STEP PARENT (IF APPLICABLE)

Name First \_\_\_\_\_ Last \_\_\_\_\_  Dr.  Mrs.  Ms.  Mr.

Job title \_\_\_\_\_ Work phone \_\_\_\_\_

Employer \_\_\_\_\_ # of years with current employer \_\_\_\_\_

Check if:  unemployed \_\_\_\_\_ # of years unemployed \_\_\_\_\_

If unemployed, list most recent job title and employer \_\_\_\_\_

Check if:  self-employed \_\_\_\_\_ # of years self-employed \_\_\_\_\_

Check if:  on disability \_\_\_\_\_ # of years on disability \_\_\_\_\_

Check if:  retired \_\_\_\_\_ # of years retired \_\_\_\_\_

Highest level of education:  grade school  some high school  high school diploma  some college  
 bachelor's degree completed  some prof./grad. school  prof./grad. degree completed

Bachelor's degree Major \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

Prof./Grad. degree Field of Study \_\_\_\_\_ College/University Name & Location \_\_\_\_\_

## Parent/Guardian Form (continued)

Applicant name Last \_\_\_\_\_ First \_\_\_\_\_

► **PART III. FAMILY INFORMATION**

Please check the appropriate boxes below. *If you check a box with an \* (asterisk), please provide additional information in the space provided below.*

Mother is:       living       deceased

Father is:       living       deceased

Parents are currently:

married       separated       other\* \_\_\_\_\_

unmarried       divorced

If divorced, please indicate who has legal custody of the applicant:

mother       father       joint       other\* \_\_\_\_\_

If parent(s)/guardian(s) are living apart, with whom does the applicant live? \_\_\_\_\_

If parent(s)/guardian(s) are divorced, how much time does the applicant spend with the noncustodial parent/guardian per month? \_\_\_\_\_

\*Additional information (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List members of your household in the table below. For "other," include only those household members claimed as a dependent on your federal taxes [2009 IRS Form 1040 line 6c or 1040A line 6c]. If more space is needed to complete this chart, please attach a separate sheet.

Full name of household member	Age
Parent/Guardian	
Parent/Guardian/Stepparent	
Applicant	
Other	
Other	
Other	
Other	
Other	
Other	
Other	

## Parent/Guardian Form (continued)

Applicant name Last \_\_\_\_\_ First \_\_\_\_\_

### ▶ PART IV. QUESTIONS

1. Please list three adjectives that best describe your child. Explain each word with one or two examples:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe how you are involved in supporting your child's learning.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Young Scholars participate in a variety of well-supervised residential summer programs, including many that are away from home. Knowing that the Foundation pays for program tuition and travel costs, how likely are you to give permission for your child to attend such a program?

not likely       somewhat unlikely       not sure       somewhat likely       very likely

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. My/our child has received support for social, emotional, or behavioral difficulties (e.g., counseling, medication, school-based support).

Yes       No

If "yes," please attach a note of explanation.

5. My/our child is currently receiving special education services from his/her school:

Yes       No

If "yes," please specify by checking the appropriate box below, attach a note of explanation, and include a copy of the diagnostic and evaluation report.

- Identified learning disabled (e.g., dyslexia, processing difficulties)
- ADHD/ADD
- Asperger's Disorder
- Has accommodations under ADA Section 504

## Parent/Guardian Form

Applicant name \_\_\_\_\_  
Last First

6. My/our child has been home-schooled.

Yes       No

If "yes," please attach a note explaining your decision and indicating the period home-schooled (e.g., fourth through sixth grade). If your child is being home-schooled this academic year, please provide a list of current coursework and include a brief summary of student progress in each course.

7. My/our child has skipped a year of school.

Yes       No

If "yes," please attach a note explaining what year was skipped and why.

8. My/our child has repeated a year of school.

Yes       No

If "yes," please attach a note explaining what year was repeated and why.

9. My/our child has been dismissed, suspended, placed on probation, or received other serious disciplinary action from school.

Yes       No

If "yes," please attach a note explaining the situation.

10. Please indicate one choice specifying how you first learned about the Jack Kent Cooke Foundation Young Scholars Program:

- |   |   |
|---|---|
| <input type="checkbox"/> Your child*                        | <input type="checkbox"/> Young Scholars Program video |
| <input type="checkbox"/> Your child's teacher or school     | <input type="checkbox"/> Advertisement**              |
| <input type="checkbox"/> Friend                             | <input type="checkbox"/> Newspaper article**          |
| <input type="checkbox"/> Radio                              | <input type="checkbox"/> Other website**              |
| <input type="checkbox"/> Jack Kent Cooke Foundation website | <input type="checkbox"/> Scholarship search engine**  |
| <input type="checkbox"/> Talent Center Outreach Specialist  | <input type="checkbox"/> Other**                      |
| <input type="checkbox"/> Letter from Talent Center          |   |

*\*If your child told you about the Young Scholars Program, please also indicate how your child first learned about the program.*

*\*\*Please specify \_\_\_\_\_*

### ► PART V. CERTIFICATION

Please read and check the statements below, then sign your name on the line(s) provided.

- I/we certify that all my/our responses are accurate.
- I/we certify that all my/our child's responses on the Student Application are his/her own work and generated solely for the purpose of applying to the Young Scholars Program.
- I/we understand that any work submitted that is not accurate, original, and honest may result in my/our child's dismissal from the Young Scholars Program.
- I/we acknowledge that I/we waive my/our rights to read the confidential School Report, Teacher Recommendation and Personal Recommendation and give the recommenders permission to disclose all requested records, including academic and disciplinary information.

\_\_\_\_\_  
Custodial Parent's/Guardian's Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Custodial Parent's/Guardian's/Stepparent's Signature (required if applicable)

\_\_\_\_\_  
Date