



**COLLEGE  
ACCESS NOW**

## Student Application Decatur High School

**College Access Now (CAN) empowers students from low-income families to access, enroll and graduate from college at rates equal to their more advantaged peers.**

Karim Ahmath, Program Manager | [karim@collegeaccessnow.org](mailto:karim@collegeaccessnow.org) | 206-379-6843

**In order to apply, return this completed, signed, and dated application to the CAN office, located in the College and Career Center.**

**The office is open Monday-Thursday.**



Student Application  
High School Graduation Year  2017  2018

### STUDENT INFORMATION

Legal Name \_\_\_\_\_  
*Last/Family* *First* *Middle*

Preferred name (if not first name) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Mailing Address \_\_\_\_\_  
*Street/P.O. Box* *Apt #*

\_\_\_\_\_ *City* *State* *Zip Code*

Cell Phone (\_\_\_\_) \_\_\_\_\_ Can you send and receive texts?  Yes  No

Do you have access to computer and internet in your home?  Yes  No

Preferred mode of communication (choose one):  Phone  Text  Email

Check all that apply:  Female  Male  Transgender  Other \_\_\_\_\_  I choose to not identify.

### STUDENT BACKGROUND INFORMATION

Cumulative GPA: <input type="checkbox"/> Below 2.0 <input type="checkbox"/> 2.0-2.49 <input type="checkbox"/> 2.5-2.99 <input type="checkbox"/> 3.0-3.49 <input type="checkbox"/> 3.5-4.0	Dietary restrictions? <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Kosher <input type="checkbox"/> Halal <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other _____	Are you currently involved in any other college preparation program(s)? <i>Check all that apply:</i> <input type="checkbox"/> College Success Foundation (CSF) <input type="checkbox"/> Dream Project <input type="checkbox"/> Juma <input type="checkbox"/> MESA <input type="checkbox"/> Rainier Scholars <input type="checkbox"/> Summer Search <input type="checkbox"/> TRiO Upward Bound <input type="checkbox"/> Y Scholars <input type="checkbox"/> Other _____
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Do you have any food allergies? If so, please list: \_\_\_\_\_

Are you signed up for the Washington College Bound Scholarship?  Yes  No  Unsure

Did you attend school outside the US?  Yes  No  
If yes, where and which grades attended? \_\_\_\_\_

Are you married?  Yes  No  
If yes, maiden name \_\_\_\_\_

Do you have children?  Yes  No  
If yes, how many? \_\_\_\_\_

Are you currently experiencing homeless?  Yes  No

Have you experienced homelessness in the past?  Yes  No  
If yes, when and for how long? \_\_\_\_\_

Do you qualify for free or reduced lunch?  Yes  No  Unsure  
If yes, are you signed up for the Free/Reduced lunch program?  Yes  No

Do you live in a single parent household?  Yes  No

Are you a Foster Care Youth?  Yes  No

Are you an English Language Learner (ELL)?  Yes  No

Do you have an IEP or 504?  Yes  No  Unsure

Additional Information? (Include any educational, physical, mental/emotional accommodations needed.)  
\_\_\_\_\_  
\_\_\_\_\_



## APPLICANT DEMOGRAPHIC INFORMATION

This data will enable College Access Now (CAN) to better serve you. You are strongly encouraged to answer to the best of your knowledge. How would you describe yourself? **Please check all that apply:**

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> African          | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Asian                            | <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian/White                          |
| <input type="checkbox"/> Somolian         |   | <input type="checkbox"/> Cambodian                        |   | <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino |
| <input type="checkbox"/> Ethiopian        |   | <input type="checkbox"/> Chinese                          |   | <input type="checkbox"/> Mexican                                  |
| <input type="checkbox"/> Eritrean         |   | <input type="checkbox"/> Filipino                         |   | <input type="checkbox"/> Chicano                                  |
| <input type="checkbox"/> Oromo            |   | <input type="checkbox"/> Japanese                         |   | <input type="checkbox"/> Puerto Rican                             |
| <input type="checkbox"/> Caribbean: _____ |   | <input type="checkbox"/> Korean                           |   | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Other: _____     |   | <input type="checkbox"/> Laotian                          |   |   |
|   |   | <input type="checkbox"/> Thai                             |   | <input type="checkbox"/> Middle Eastern                           |
| <input type="checkbox"/> Pacific Islander |   | <input type="checkbox"/> Vietnamese                       |   | <input type="checkbox"/> Iranian                                  |
| <input type="checkbox"/> Guamanian        |   | <input type="checkbox"/> Other: _____                     |   | <input type="checkbox"/> Saudi Arabian                            |
| <input type="checkbox"/> Native Hawaiian  |   |   |   | <input type="checkbox"/> Other: _____                             |
| <input type="checkbox"/> Samoan           |   | <input type="checkbox"/> Native American or Alaska Native |   | _____   |
| <input type="checkbox"/> Other: _____     |   | _____   | Tribal Affiliation                      |   |
- I choose not to identify
- I choose not to report

Do you identify as an immigrant to the United States?  Yes  No

Birthplace \_\_\_\_\_  
City, State, Country

## APPLICANT FAMILY INFORMATION

Does your family receive public assistance (SNAP, subsidized housing, etc.)?  Yes  No

If yes, please list all that apply: \_\_\_\_\_

Total number of family members living in your primary residence, including you \_\_\_\_\_

Is English the primary language spoken at home?  Yes  No

If no, what language? \_\_\_\_\_

What other languages are spoken at home? \_\_\_\_\_

## APPLICANT SIGNATURE

By signing below, I confirm my desire to obtain a post-secondary education. I understand that my success in College Access Now is based on my own effort and dedication to completing the program. I commit to attending CAN sessions once a week and, in the event that I am unable to attend, will visit the CAN office to receive the materials I missed. Finally, I certify that all the information provided on this application is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## PARENT/GUARDIAN INFORMATION SHEET

### Guardian #1 Information

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Does this student live with you?  Yes  No

Home Address (if different from student's)

\_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

CAN staff will provide you with updates on your student's progress and information about parent meetings. How would you prefer to be contacted?

Day Phone  Evening Phone  Email

What is your primary language? \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

### Highest Level of Education Completed

- |  |   |
|--|---|
| <input type="checkbox"/> No high school        | <input type="checkbox"/> College outside US |
| <input type="checkbox"/> Some K-12             | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Completed high school | <input type="checkbox"/> Bachelor's degree  |
| <input type="checkbox"/> Technical certificate | <input type="checkbox"/> Graduate degree    |
| <input type="checkbox"/> Some college          | <input type="checkbox"/> Other _____        |

Country where educated \_\_\_\_\_

### Guardian #2 Information

Name \_\_\_\_\_

Relationship to student \_\_\_\_\_

Does this student live with you?  Yes  No

Home Address (if different from student's)

\_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

CAN staff will provide you with updates on your student's progress and information about parent meetings. How would you prefer to be contacted?

Day Phone  Evening Phone  Email

What is your primary language? \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Income \_\_\_\_\_

### Highest Level of Education Completed

- |  |   |
|--|---|
| <input type="checkbox"/> No high school        | <input type="checkbox"/> College outside US |
| <input type="checkbox"/> Some K-12             | <input type="checkbox"/> Associate's degree |
| <input type="checkbox"/> Completed high school | <input type="checkbox"/> Bachelor's degree  |
| <input type="checkbox"/> Technical certificate | <input type="checkbox"/> Graduate degree    |
| <input type="checkbox"/> Some college          | <input type="checkbox"/> Other _____        |

Country where educated \_\_\_\_\_

By signing below, I hereby give permission for my son/daughter to participate in all College Access Now activities. I expect that the adult leadership will take reasonable precautions to ensure the safety of my child and absolve the adult leaders from liability for any accident or illness that might occur on this/these events.

In case of a medical emergency, if myself or my emergency contact cannot be reached, the adult leaders have my permission to act on my behalf to obtain emergency treatment for my son/daughter by any recognized hospital or doctor.

Parent/Legal Guardian Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Evening Phone Number (\_\_\_\_) \_\_\_\_\_

**REQUIRED:** Please supply us with the name and contact information of an additional person whom we can contact in case of an emergency (Must be different from parent/guardian.)

Emergency Contact Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Evening Phone Number (\_\_\_\_) \_\_\_\_\_



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## STUDENT RELEASE OF INFORMATION

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By signing below, I grant any official representative of College Access Now (CAN) permission to access and discuss my class standing, educational records, financial aid information, grades, test scores, transcripts, transfer records, or any other relevant information from my high school and/or any post-secondary institution that I apply to or enroll at in the future.

I authorize CAN to discuss my educational record and disclose my participation in the program to secondary and post-secondary school officials and representatives from other organizations with legitimate educational interest. I further authorize CAN to share demographic data about me (such as my name and birthdate) with the National Student Clearinghouse for the sole purpose of verifying enrollment and attendance at an institution of higher education.

I understand that CAN will take appropriate steps to secure and protect the information I provide and keep it confidential. Any sensitive or personally identifiable information will be removed, aggregated, or changed before being shared with donors or other organizations unless my authorization is given in advance.

Parent / Guardian Initial (if youth is 17 or younger): \_\_\_\_\_

Student Initial: \_\_\_\_\_

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## STUDENT PHOTO RELEASE

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By signing below, I hereby give permission, without limitation or obligation, to College Access Now (CAN) to take and use photographs, videos, or other media content identifying myself or my child. I understand that this release constitutes my consent and permission for CAN to use, reproduce, publish, distribute, and display photographs, video or other media content identifying myself or my child for any lawful organizational purpose, without notification, consent or compensation, and that no payment or further permission will be required.

Parent / Guardian Initial (if youth is 17 or younger): \_\_\_\_\_

Student Initial: \_\_\_\_\_

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## STUDENT PARTICIPATION IN EVALUATION

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By signing below, I grant any official representative of College Access Now (CAN) permission to survey and/or interview my child about the College Access Now program and its effects.

Any information we collect will be used only to assess the program. We will not use your child's name in any report. Participating in evaluations will not affect your child in school, the program, or in any other way and is completely voluntary, participants may withdraw at any time with no consequences.

Parent / Guardian Initial (if youth is 17 or younger): \_\_\_\_\_

Student Initial: \_\_\_\_\_

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These authorizations will remain in effect until I revoke them or modify their terms, which I may do at any time by contacting College Access Now (CAN) staff member Karim Ahmath, 206-379-6843.

Parent / Guardian Signature (if youth is 17 or younger): \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please feel free to direct any questions to College Access Now staff at:

Karim Ahmath, 206-379-6843 | [karim@collegeaccessnow.org](mailto:karim@collegeaccessnow.org)