



Alpha Leadership Project

Supporting Young Men of Color

Personal Development • Positive Peer Relationships • Parent Support

1425 K Street NW, Suite 200, Washington, DC 20005



Student Application

Please print clearly. Use ink. NO PENCILS please.

Please turn in applications to the DC-CAP Advisor in your high school.

Name: (Last)	(First)	(Middle)	
Home Address:	Apt. #		
City:	State:	Zip Code:	Ward:
Student Cell Phone: ()	Student E-mail:		
Age:	Home Phone:		
Birth date:	(month/day/year)		

Parent/Guardian Information

Name:	Relationship to Student:
Email Address:	
Cell Phone: ()	Work Phone: ()

Education

High School:	Planned Graduation Year:
Are you enrolled in an Academy? Yes No If yes, what is the Academy's area of focus?	
Favorite Subject(s):	
Extracurricular Activities:	
Do you have an Individual Education Plan? Yes No	

General Information

<input type="checkbox"/> African	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latin American	<input type="checkbox"/> Other _____
<input type="checkbox"/> American Indian/Alaskan Native		

How did you hear about Alpha Leadership Project.?
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(over)

Are you employed? Yes No If yes, where?

What is your work schedule?

Hobbies, favorite recreational activities: Please check all that apply

<input type="checkbox"/> Computers/Video Games	<input type="checkbox"/> Museums	<input type="checkbox"/> Theater	<input type="checkbox"/> Sports (general)
<input type="checkbox"/> Cooking/Eating Out	<input type="checkbox"/> Music (general)	<input type="checkbox"/> Reading	<input type="checkbox"/> Basketball
<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Dancing	<input type="checkbox"/> Writing	<input type="checkbox"/> Football
<input type="checkbox"/> Movies	<input type="checkbox"/> Listening to music	<input type="checkbox"/> Shopping	<input type="checkbox"/> Tennis
	<input type="checkbox"/> Playing music		<input type="checkbox"/> Working out
<input type="checkbox"/> Other (please specify) _____			

Please share why you want to be involved with the Alpha Leadership Project.

Please share some of your personal strengths.

Please share some personal areas where you would like to get better.

*I hereby consent to and authorize the use of my photo by The DC College Access Program in any of their promotional materials, including but not limited to brochures, web site and videos. I certify that the information contained in this application is true and complete to the best of my knowledge. All information provided will be treated as confidential solely and will only be used by the DC College Access Program (DC-CAP) for the purpose of assessing candidates' qualifications for acceptance into The Alpha Leadership Project. I authorize The **District of Columbia College Access Program (DC-CAP)** to have access to my high school/college/university academic, financial, and enrollment records. I authorize DC-CAP to amend this form with the name of a new institution in the event I transfer from the high school designated above. I authorize DC-CAP to share my student record data with my institution of attendance. I authorize DC-CAP to share my financial and social security number with the DC-CAP banking institution in order to facilitate the processing of any scholarship awards. I authorize DC-CAP to access and share my records with the **DC Public and Public Charter School System, DC Office of the State Superintendent of Education (OSSE)** and the **U.S. Department of Education** for the sole purposes of college access, enrollment and financial aid verification. This authorization is valid for a maximum of **six years** after high school graduation or upon graduation from college, whichever comes first.*

PARENT/GUARDIAN SIGNATURE REQUIRED IF STUDENT IS UNDER 18:

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Rec'd.	Entered in Dbase	Orientation Date
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Parent/Guardian Application

Please print clearly.

Please turn in Parent Application with Student Application to the DC-CAP Advisor in your son's high school.

Parent/Guardian Information

Name: (Last)	(First)	(Middle)	
Home Address:	Apt. #		
City:	State:	Zip Code:	Ward:
Parent Cell Phone: ()	Parent E-mail:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone:		
(month/day/year)			
Birth date:	Marital Status:		

Student Information

Name:	
Relationship to Student:	High School:

Parent/Guardian Education

Please tell us the highest grade or degree you and /or your spouse completed:
Have you received additional training:
Hobbies or volunteer activity:

Parent/Guardian Employment

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, where?	How long?
If your work hours are unusual (not "9 to 5"), please tell us what they are:	

What is the best time for you to meet for workshops/training?

General Information

<input type="checkbox"/> African	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latin American	<input type="checkbox"/> Other _____
<input type="checkbox"/> American Indian/Alaskan Native		

(over)

Demographic Information – This information is used for program evaluation in order to provide appropriate services. This information will not be shared with any other agency.

Household Income

<input type="checkbox"/> \$0 - \$4999	<input type="checkbox"/> \$50,000 - \$59,999
<input type="checkbox"/> \$5,000 - \$9999	<input type="checkbox"/> \$60,000 - \$69,999
<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> \$70,000 - \$79,999
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$80,000 - \$89,999
<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> \$90,000 - \$99,999
<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> \$100,000+

Parent/Guardian’s Medical Conditions (if any):

Parent/Guardian’s Disabilities (if any):

Is either of the student’s parents currently incarcerated? If so, who?

Language(s) spoken in the home other than English:

How did you hear about the Alpha Leadership Project?

Is there anything else you would like us to know about your family?

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I certify that the information contained in this application is true and complete to the best of my knowledge.

Parent/Guardian Signature **Date**

FOR OFFICE USE ONLY

Application Rec’d.	Entered in Dbase	Orientation Date

Please be sure to tell other family and friends that have rising 9th graders about the Alpha Leadership Project.



STUDENT AUTHORIZATION & EDUCATIONAL RELEASE

Year of HS Graduation _____ High School _____

SSN# _____ Date of Birth _____

(HS Juniors/Seniors & College Students ONLY)

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Permanent Home Address: _____

City, State, & Zip: _____ Home Phone #: _____

Student Cell Phone #: _____ Parent Cell Phone #: _____

Student Email: _____

Parent Email: _____

College/University: _____

(For HS Seniors and College Students Only. If college has not been selected, please notify DC-CAP once chosen)

Major: _____

(For HS Seniors & College Students Only)

Student Signature: _____ Date: _____

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PARENT/GUARDIAN SIGNATURE REQUIRED IF STUDENT IS UNDER 18:

Parent/Guardian Signature: _____ Date: _____

CONTACT INFORMATION

District of Columbia College Access Program (DC-CAP)

1425 K Street, NW Suite 200, Washington, DC 20005

High School - Telephone: (202) 783-7933 Fax: (202) 783-7939

College - Telephone: (202) 347-6546 Fax: (202) 783-4026