



Dream Makers II Application Packet

Dream Makers II Mentoring Program Student Application Form

Applicant Information (please print)

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) _____

School Name _____

Grade Level _____

Parent/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 _____



Parental Consent & Responsibility

As the parent or legal guardian of _____ (hereinafter to as “she” or “her”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her participation in the Dream Makers II Mentoring program.
2. I acknowledge that she will be enrolled in 6th, 7th, 8th, 9th, 10th, 11th, or 12th grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent. Students with less than a “C” average will be placed on probation and must show improvement to remain in the program.
3. 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 Dream Makers II program personnel of any absence.
4. I understand that her personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she will be involved with workshops and activities that seek to prepare her personally, academically, and professionally, which will also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she is present at all program activities.
7. I authorize permission for her to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
8. 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 Dream Makers II program personnel.
9. I understand that her admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
10. I authorize the Dream Makers II program personnel to transport her (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.
11. I understand that she 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 Dream Makers II program personnel in print or electronic media used to promote the program.
12. 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.
13. I relieve Alpha Kappa Alpha Sorority, Inc. and Dream Makers II program personnel from any liability that may arise during her involvement in the Dream Makers II program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the Dream Makers II program personnel.
15. Termination of a student’s involvement in Dream Makers II mentoring program 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



Student Code of Conduct & Responsibility Contract

As a participant of the Dream Makers II Mentoring program:

1. I agree to abide by the rules and regulations set forth by the Dream Makers II personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will remain in good academic standing with a cumulative minimum average of a “C” or its equivalent.
5. I understand that my membership may be revoked after three unexcused absences from meetings and activities within an academic year and that I must notify the Dream Makers II program personnel of any absence.
6. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent’s written consent.
7. I will participate in workshops and activities that seek to encourage personal growth and development and social and economic opportunity.
8. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
9. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the Dream Makers II program personnel.
10. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
11. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc. and Dream Makers II Mentoring program personnel in print or electronic media for promotion of the program.
12. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the Dream Makers II program personnel.
13. I will evaluate the Dream Makers II mentoring program when requested.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the Dream Makers II mentoring program.

Student/Applicant Printed Name

Date

Student/Applicant Signature

Contact Number

Email