



#CAPSM APPLICATION



#CAPSM Program Student Application Form

Applicant Information

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State ZIP

PHONE/
EMAIL: _____
Phone Number Cell Number Email

Date of Birth (MM/DD/YY): _____ Gender: ☐ Male ☐ Female

Grade Level: ☐ 11th (Junior) ☐ 12th (Senior)

HIGH SCHOOL
NAME: _____
Last Name First Name Middle Initial

HIGH SCHOOL
ADDRESS: _____
Street City State ZIP

Current GPA (if applicable) Cumulative GPA: _____

CAREER INTERESTS (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Agriculture, Food Processing & Natural Resources | <input type="checkbox"/> Hospitality & Tourism |
| <input type="checkbox"/> Architecture, Industrial Design, CAD | <input type="checkbox"/> Human Services (e.g., Social Work, Psychology, Counseling) |
| <input type="checkbox"/> Audio/Visual Technology Management & Administration | <input type="checkbox"/> Information Technology, Computer Science |
| <input type="checkbox"/> Business Management, Process Management, Human Resources | <input type="checkbox"/> Law |
| <input type="checkbox"/> Business Office Administration/Support Services | <input type="checkbox"/> Marketing, Advertising, Promotion |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Military Services (e.g., Army, Marines, Navy, or Reserves) |
| <input type="checkbox"/> Education, Training, Library Science | <input type="checkbox"/> Performing & Fine Arts, Graphic Design, Fashion Design |
| <input type="checkbox"/> Engineering, Mathematics, Research/Science (STEM) | <input type="checkbox"/> Public Safety, Corrections & Security |
| <input type="checkbox"/> Finance, Banking, Accounting | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Government, Public Administration, Planning, Transportation, Distribution & Logistics | <input type="checkbox"/> Vocational: (e.g., Automotive, Cosmetology, Construction, Industrial Trades, Technician) |
| <input type="checkbox"/> Health Science (Medicine, Dentistry, Nursing, Pharmacy) | <input type="checkbox"/> Other: _____ |

Parental/Legal Guardian Information

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street City State ZIP

PHONE/
EMAIL: _____
Phone Number Cell Number Email

Emergency Contacts

NAME: _____
Last Name First Name Last Name First Name

PHONE/
EMAIL: _____
Phone Number Email Phone Number Email



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 #CAPSM program.
2. I acknowledge that she/he will be enrolled in 11th or 12th grade in good academic standing.
3. I am aware that upon application to the #CAPSM program, I must provide a copy of her/his most recent grade report.
4. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
5. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for the #CAPSM admissions process and #CAPSM which may also include community service and cultural enrichment activities.
6. I understand that it is my responsibility to make sure that she/he is present at all scheduled activities.
7. I authorize permission for her/him to attend all #CAPSM 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 #CAPSM program personnel.
9. 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.
10. I authorize the #CAPSM 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.
11. 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 #CAPSM 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 #CAPSM program personnel from any liability that may arise during her/his involvement in the #CAPSM program meetings and activities.
14. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
15. Termination of a student’s involvement in #CAPSM 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: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

CONTACT NUMBER: _____ EMAIL: _____



Student Code of Conduct & Responsibility Contract

As a participant of the #CAPSM program:

1. I agree to abide by the rules and regulations set forth by the #CAPSM personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all #CAPSM personnel.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application and upon request of the #CAPSM personnel.
5. I will remain in good academic standing.
6. I understand that I must notify the #CAPSM program personnel of any absence from Program activities.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities that seek to prepare me for the CAPSM admissions process.
9. I will be fully engaged in attending program meeting and activities that may include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the #CAPSM program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. 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 #CAPSM program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the #CAPSM program personnel.
14. I will evaluate the #CAPSM 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 #CAPSM program.

STUDENT/APPLICANT PRINTED NAME: _____

DATE: _____

STUDENT/APPLICANT SIGNATURE: _____

CONTACT NUMBER: _____

EMAIL: _____



#CAPSM APPLICATION



#CAPSM Pre/Post-Assessment

Name: _____

Using the scale that follows, please choose the number that best describes your response to the items below.

1 = STRONGLY DISAGREE • 2 = DISAGREE • 3 = NEUTRAL • 4 = AGREE • 5 = STRONGLY AGREE

- | | | | | | |
|--|---|---|---|---|---|
| 1. I know very little about the best place to start for the college admission process. | 1 | 2 | 3 | 4 | 5 |
| 2. I am familiar with Coalition, Common, and Universal college applications. | 1 | 2 | 3 | 4 | 5 |
| 3. I plan to apply to more than one college for admission. | 1 | 2 | 3 | 4 | 5 |
| 4. I know that some colleges have both an online and paper application process. | 1 | 2 | 3 | 4 | 5 |
| 5. I plan to apply to colleges that I cannot afford. | 1 | 2 | 3 | 4 | 5 |
| 6. Additional materials are often requested with my college application. | 1 | 2 | 3 | 4 | 5 |
| 7. I must decide on my major before applying to college. | 1 | 2 | 3 | 4 | 5 |
| 8. I should apply for financial aid even if I don't think I qualify. | 1 | 2 | 3 | 4 | 5 |
| 9. My parents' tax return has no bearing on my dependency status. | 1 | 2 | 3 | 4 | 5 |
| 10. I should not apply to a college if my admission-test scores and grades are below the college's published ranges. | 1 | 2 | 3 | 4 | 5 |

Please provide the following information:

- Gender: _____
- Race/Ethnicity: _____
- Are you from a: Rural Area Urban Area Suburban Area
- Do you participate in other activities outside of school? If so, please list those activities.

5. What type of high school do you attend:

- | | | |
|----------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Public | <input type="checkbox"/> Parochial | <input type="checkbox"/> Home school |
| <input type="checkbox"/> Private | <input type="checkbox"/> College prep | <input type="checkbox"/> Other |

6. What is the makeup of the student population at the high school you attend?

- | | |
|---|--|
| <input type="checkbox"/> Majority Hispanic | <input type="checkbox"/> Majority African American |
| <input type="checkbox"/> Majority White/Caucasian o | <input type="checkbox"/> Majority Asian American |
| <input type="checkbox"/> Equal Mix of All Groups | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> All Female | <input type="checkbox"/> All Male |

7. Do you participate in a college preparatory program (e.g., magnet, honors, etc.)? ☐ Yes ☐ No

8. Do you take courses outside of your regular high school classes (e. g., Saturday classes, college courses)? ☐ Yes ☐ No