



#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: ☐ 10th (Sophomore) ☐ 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



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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:

1. Gender: _____
2. Race/Ethnicity: _____

3. Are you from a: Rural Area Urban Area Suburban Area

4. 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 | <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