



Minorities Achieving Collegiate Success Program Application

Student Information

Name: _____
Address: _____
Phone #: _____
U.S. Citizen: Y _____ N _____
Date of Birth: _____ Gender: Male _____ Female _____
High School: _____
School Phone _____
Current Grade _____
Expected Graduation Date _____
Please list three career choices (in order of importance to you)
_____/_____/_____

Interest/ Hobbies/Activities

Parent Information

With whom do you live? Both parents ___ Father ___ Mother ___ Other ___
Father/ Guardian
Name _____
Address: _____
Phone: _____ Email: _____
Employer: _____
Mother/ Guardian
Name _____
Address: _____
Phone: _____ Email: _____
Employer: _____
Has either of your parents received a baccalaureate degree from a four year college?
Yes _____ No _____

Financial Information

Total Family Income (per 1040 tax return)

Do you receive any public assistance? ____ If yes please list below

Please list all of the scholarships and awards that you have applied for and received:

Scholarship Name	Awarded/Declined	Amount

Academic Information

Counselor Name: _____

Contact #: _____

G.P.A. _____ PSAT Score _____

SAT Score _____ ACT Score _____

College List

Name of College/University	Accepted/Rejected



Consent/ Release Authorization Form

Participation Consent

_____ has my permission to participate in workshops and activities that may address such issues as pregnancy prevention, responsible sexual behavior, drug and alcohol use, teen violence and aggression. I understand that these workshops or activities are being presented to assist my child in making responsible life choices.

Education Record Release Authorization

I agree that the education records of my son/daughter _____ may be released to M.A.C.S for the purpose of assisting my child in achieving his/her academic success. M.A.C.S has my permission to access state and other standardized test scores. I understand that all information released to M.A.C.S will be held in confidence and shared only with authorized agency personnel.

Information Personnel

I, _____ authorize community agencies and employers to release any and all pertinent information regarding, _____ to M.A.C.S. M.A.C.S agrees to hold this information in confidence and use it only as a means to document student progress towards the college application process.

Publicity Release

I, _____ give permission for my son/daughter to participate in media coverage and published reports while involved in any M.A.C.S activities. Media coverage may include, but not limited to identifying appearances, files, television reports, photographs and interviews. This release is granted for the purpose of allowing the media to report on and thereby promote the positive community activities performed by the students and in general to promote the services of M.A.C.S.

Parent/ Guardian Signature

Date

Student Signature

Date

