College and Career Preparation (CCP) Program
Deadline: Wednesday, February 19, 2020

Program Overview
This program provides a college and career preparation curriculum to selected 10th grade students to help them complete the tasks necessary as rising 11th grade students and during their 11th and 12th grade year of high school to prepare for their post-secondary college and career aspirations. This includes supporting students through ACT/SAT test preparation, the college and scholarship application processes, financial aid applications, and much more through a variety of workshops and weekly computer lab support.

The 10th grade students accepted into the program commit to achieve the established benchmarks over a two-year period from May 2020 to the end of 12th grade through participation in consistent face-to-face lab sessions at the Champions For Learning. Deserving low-income, public school students selected for the program may also have an additional opportunity to participate in a mentor and scholarship program to earn a 2-year Florida Prepaid College Plan.

Criteria for Application
To be eligible to apply students must meet the following criteria:
- Current 10th grade student in a public or private school in Collier County
- Minimum 2.5 unweighted GPA
- Must satisfy credit requirements to be on pace to graduate in spring of 2022
- Must have good attendance
- Exhibit good behavior in and out of school
- Meet the program income eligibility guidelines (see below)
- Student must be a U.S. citizen, U.S. permanent resident, or an eligible non-citizen

INCOME ELIGIBILITY GUIDELINES
Eligibility is limited to households with a combined adjusted gross income for tax filers and earned income for those not required to file a federal tax return of less than $120,347.00.

How to Apply
Completing the written application and submitting all support documents to your school’s guidance office or Champions For Learning is the first step. Once submitted, all applications will be reviewed by Champions For Learning staff for completion and assessed by an independent community-based selection committee for final student selection.

Instructions – Application Check List: Incomplete and/or late applications and documents will not be considered
1. Complete all sections of the written application
   - Section A: Student Identification Information
   - Section B: Household Information
   - Section C: Employment Information
   - Section D: Financial Information (optional section
   - Section E: Student Information
   - Section F: Parent/Guardian Statement
   - Section G: Parent/Guardian Consent for Release of Educational
2. Include all documents
   - Copy of parent(s)/guardians(s) 2018 Tax Return with student listed as dependent
   - Copy of student’s U.S. birth certificate, U.S. passport, certificate of naturalization, or permanent resident card
   - Copy of student’s Social Security Card

Important Dates
Wednesday, February 19, 2020—Application and documents due to student’s guidance office
Friday, April 27, 2020—Selection letters mailed to students
Monday, May 4, 2020 – Student and Parent Contract Signing
Monday, May 11, 2020 – Student Induction into the Program
College & Career Preparation (CCP) Program Application

Date application is due back to school guidance office: **Wednesday, February 19, 2020.** Please call Tonya DuBois 239-687-1376 if you have any questions about this application.

**SECTION A: Student Identification Information**

Student ID # _________________________ Date: __________________________

School ________________________________________________________________

Student Name ___________________________ Social Security # ____________________________

Grade _______ Date of Birth ____________ □ Male □ Female

Address ____________________________________________________________ Apt. # _________

City _______________ State _______________ Zip Code _______________

☐ Check if Mailing Address is same as home address listed above. If not, enter Mailing Address below:

Mailing Address __________________________________________________________ Apt. # _________

City _______________ State _______________ Zip Code _______________

Student Phone: ___________________________ Parent Phone #: __________________________

Student E-mail: ___________________________ Parent E-mail: __________________________

Student Race: □ American Indian/Native American □ Asian □ Black/African-American

□ Caucasian □ Pacific Islander/Hawaiian □ Multiracial

□ Other ___________________________ Student Ethnicity: □ Is Hispanic

Is student a U.S. Citizen? □ Yes □ No

Does student have a Florida Prepaid Plan? □ Yes □ No

**SECTION B: Household Information**

Parent/Guardian (1) ___________________________ Social Security # ___________________________

(Last, First, MI)

Date of Birth ___________________________ Last Grade Completed in School ___________________________

The Education Foundation of Collier County
www.ChampionsForLearning.org
3606 Enterprise Avenue, Suite 150, Naples, FL 34104
239.643.4755 phone 239.643.4799 fax
Parent/Guardian (2) ___________________________ Social Security # ___________________________

(Last, First, M.I)

Date of Birth ___________________________
Last Grade Completed in School ___________________________

Applicant lives with:  
☐ Mother  ☐ Stepmother  ☐ Grandmother  ☐ Guardian  
☐ Father  ☐ Stepfather  ☐ Grandfather  ☐ Ward of Court  ☐ Other __________

Number of brothers ________________  Number of sisters ________________

Please list all persons living in the home other than student/applicant:

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<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship</th>
<th>Highest Level Of Education Completed</th>
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Independent siblings living outside the home:

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<th>Age</th>
<th>Relationship</th>
<th>Highest Level Of Education Completed</th>
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SECTION C: Employment Information

Parent/Guardian’s Current Employer

Name of Parent/Guardian (1): ____________________________________________________________

Employer: __________________________________________________________

Occupation: __________________________________________________________

Address of Employer: __________________________________________________________

(street, city, zip)
Number of years with Current Employer: ___________________ Gross Monthly Salary __________________ (before taxes and deductions)

Parent/Guardian’s Current Employer

Name of Parent/Guardian (2): ________________________________________________________________

Employer: _________________________________________________________________________________

Occupation: _________________________________________________________________________________

Address of Employer: _________________________________________________________________________ (street, city, zip)

Number of years with Current Employer: ___________________ Gross Monthly Salary __________________ (before taxes and deductions)

SECTION D: Financial Information (Optional section, you may provide additional financial information if you wish)

What is your household adjusted gross income for tax filers and earned income for those not required to file a federal tax return?

$ ___________________

Are you eligible to receive any social service? (Food stamps, Medicaid, etc.) □ Yes □ No

Please check the services you currently receive: □ Welfare □ Food Stamps □ Medicaid

Are you currently receiving assistance from your local workforce Development office? □ Yes □ No

Do you receive income from any other source for this student/applicant? (Social Security, child support, etc.?) □ Yes □ No

If Yes, please list type of support and amount per month:

________________________________________________________________________________________

Do you or the student/applicant have a savings account? □ Yes □ No

Approximate balance: $ ___________________

Do you own your own home? □ Yes □ No

If yes, what is amount of your monthly payment? $ ___________________

If yes, how much did your house cost? $ ___________________

Do you rent? □ Yes □ No

If yes, what is amount of your monthly payment? $ ___________________

How long at current address? ___________________
SECTION E: Student Information (To be completed by student)
(This section of the application should be completed by the student, be honest in your responses and fully answer all questions)

*Use a separate sheet of paper to type your responses to the following questions.*

**Student Statement**

*List* activities, interests, strengths, hobbies or awards you have received (school, community, work experience, etc.)

Please tell us about your goals, aspirations and hopes for your future along with what sets you apart from other Champions For Learning College & Career Preparation Program applicants (200-250 words).

**Student Short Responses** (2 – 3 sentences for each question)
(This section of the application should be completed by the student, be honest in your responses and fully answer all questions)

*Use a separate sheet of paper to type your responses to the following questions.*

1. Describe a topic, idea, or concept you find so engaging that it makes you lose track of time. Why does it captivate you?

2. Share a time when you faced a challenge, obstacle, or failure. How did it affect you, and what did you learn from the experience?

3. How are you giving back to the community and how will you give back in the future? (i.e. in high school, college, etc.)

4. How did you hear about the Champions College & Career Preparation Program?
SECTION F: Parent/Guardian Statement (To be completed by parent(s)/guardian(s))

APART from financial considerations, how could this program benefit your child? Please include your goals, aspirations and hopes for your child’s future (attach another sheet if needed).

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Please list all special family situations that might be relevant to school success (serious illness in the family, loss of employment, HRS involvement, homelessness, etc.).

________________________________

________________________________

Please check all that apply:

☐ First generation college student  ☐ Single parent
☐ Student is first in the family to complete high school  ☐ Incarcerated parent
☐ Migrant worker  ☐ Deceased parent
☐ English not spoken in home  ☐ Absent parent (no contact or support)
☐ Loss of employment  ☐ Poor relations between biological parents
☐ Home in foreclosure  ☐ DCF involvement
☐ Homeless or living with extended family or friends  ☐ Extended family in home
☐ Serious illness in household  ☐ Extended family raising student
☐ Disabled student or family member  ☐ Student applicant is teen parent
☐ Student is or has been in foster care  ☐ Parent was teen parent
☐ Student attends low-performing school  ☐ Family has received TANF benefits within last year
☐ Other (please specify):

________________________________

I understand that the information contained in this application is accurate and will be managed and shared with the Champions For Learning selection committee and the implementers of the program. I also certify that my child meets the program income requirements. I understand that any false information in this application may result in my child losing his or her eligibility in the program.

________________________________  __________________________
Student Signature                  Parent/Guardian Signature

• Submission of this application does not guarantee scholarship award •

• A copy of your student’s educational records (GPA, attendance, and behavior) will be obtained upon submission of the application based on the completion of the following Consent for Release of Educational Information form •
SECTION G: Parent/Guardian Consent for Release of Educational Information

(A copy of your student’s educational records (GPA, attendance, and behavior) will be obtained upon submission of the application.)

PARENT/GUARDIAN CONSENT FOR RELEASE OF EDUCATIONAL INFORMATION

In accordance with the Federal Educational Rights and Privacy Act (“FERPA”), and related state law as set forth in FS §1002.22 and FS §1002.221, I hereby consent to the release of my child’s educational records, including reports, test scores, and related information, to the program staff at Champions for Learning to assist with monitoring my child’s academic progress in order to help identify any areas of academic need for my child so that it can provide appropriate enrichment programs as needed.

<table>
<thead>
<tr>
<th>Student's Name</th>
<th>School</th>
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</thead>
<tbody>
<tr>
<td>Student ID Number</td>
<td>Grade</td>
</tr>
</tbody>
</table>

Parent/Guardian Name:

Signature of Parent/Guardian:
DATE