



First – Year Scholar Application

(To be completed by parent/guardian)

Personal Information

Scholar's Name: _____ Date: _____

Scholar's Date of Birth: ___/___/___ Age: _____

Ethnicity: White Hispanic African American Asian Other: _____

Name of School: _____ Grade: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother Father Other, specify: _____

Highest level of education attained by parent/guardian: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Best phone number to reach parent/guardian: _____

Please select: Home Work Cell Other

Parent/guardian email: _____

Best phone number to reach scholar: _____

Please select: Home Work Cell Other

Scholar email: _____

Medical History (To be completed by parent/guardian)

Name of Primary Care Physician: _____

Medical Insurance Provider: _____

Policy Number: _____

Does your daughter have any physical problems or limitations?

Is your daughter currently receiving treatment for any medical issues?

Is she currently on any type of medication? If so, please specify.

Does your daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your daughter have any emotional issues or problems right now?

Is your daughter currently seeing a counselor or therapist?

Therapist's Name:

Please read this carefully before signing

MOSTe appreciates you and your child's interest in her becoming a MOSTe scholar. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their daughter to participate in MOSTe. After receiving this completed application from you, we will evaluate the information and notify you if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match.

Please initial each of the following (To be completed by parent/guardian)

_____ I give my informed consent and permission for my child to participate in MOSTe and its related activities.

_____ I agree to encourage my child to follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child will be transported by her mentor and/or MOSTe staff or representatives while participating in MOSTe, and that such transportation is voluntary and at her own risk.

_____ I recognize that there may be occasions where my child may be in need of first aid or emergency treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of MOSTe to seek and secure any needed medical attention or treatment for the child, including hospitalization, if in the agents' opinion such need arises. In doing so, I agree to pay all fees and cost arising from this action to obtain medical treatment. I also agree to pay for all fees that may occur due to injury or sickness following the activity/event.

_____ I release MOSTe of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from her participation in the program, including but not limited to transportation, and hold harmless any MOSTe mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow MOSTe to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following completed items along with this application, and that any incomplete information will result in the delay of this application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Contact and Information Release

(To Be Completed by parent/guardian)

I hereby grant permission for MOSTe to make contact with my child and conduct a personal interview for the purposes of applying to be a MOSTe scholar. MOSTe may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of her participation in the mentoring program.

I authorize MOSTe to obtain any needed information regarding my child from her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Scholar Interest Survey

(To be completed by scholar)

Please complete all the following. This survey will help MOSTe know more about you and your interests and help us find a good match for you.

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday:

List current clubs/organizations/teams you belong to:

- 1.
- 2.
- 3.
- 4.
- 5.

Please list some of the activities you are interested in:

- 1.
- 2.
- 3.
- 4.
- 5.