ASCEND Program 2017-2018

Dear Potential ASCEND Program participant,

Rho Zeta Omega Chapter of Alpha Kappa Alpha Sorority, Inc., is accepting applications to the ASCEND program for high school students living or attending schools in Cobb County.

The ASCEND program is Alpha Kappa Alpha Sorority, Inc. signature youth enrichment program. The program is designed to motivate, engage and assist high school students in reaching their maximum potential. The program focuses on Achievement, Self-Awareness, Communication, Engagement, Networking, and Developmental Skills (A.S.C.E.N.D.).

The participants in the ASCEND program will have an opportunity to receive academic enrichment and life skills training to support their journey to college or vocational employment.

In order to participate in the ASCEND program, applicants must meet the following requirements:

- High school student in grades 9th-12th
- Possess a 2.0 GPA
- Reside or attend a high school in Cobb County

In order to participate in the ASCEND program, please provide the following documents:

- Completed ASCEND application packet
- Copy of most current report card

All applications and supporting materials must be received via email or mail by June 1st, 2017

pzoascend@gmail.com

Or

Rho Zeta Omega Chapter
PO Box 675499 - Marietta, GA 30006-0015
Attention: ASCEND PROGRAM

If you have questions, or need additional information, feel free to contact Sara Johnson via email at pzoascend@gmail.com.

Sincerely,

Sara Johnson Joanne Louis Angela Bowers-Ervin
Chairman, A.S.C.E.N.D Vice President and Program Chairman President, Rho Zeta Omega Chapter
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 ASCEND program.
2. I acknowledge that she/he will be enrolled in 9th, 10th, 11th or 12th grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent (new applicants must be matriculating in 9th-12th grade at the time of participation). Students with less than a “C” average will be placed on probation and must show improvement to remain in the program.
3. I am aware that upon application to the ASCEND program, I must provide a copy of her/his most recent grade report.
4. I understand that program membership may be revoked after three unexcused absences from meetings and activities within an academic year and I must notify the ASCEND program personnel of any absence.
5. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for career and/or college which will also include community service and cultural enrichment activities.
7. I understand that it is my responsibility to make sure that she/he is present at all program activities.
8. I authorize permission for her/him to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
9. 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 ASCEND program personnel.
10. 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.
11. I authorize the ASCEND 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.
12. 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 ASCEND program personnel in print or electronic media used to promote the program.
13. 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.
14. I relieve Alpha Kappa Alpha Sorority, Inc. and ASCEND program personnel from any liability that may arise during her/his involvement in the ASCEND program meetings and activities.
15. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel.
16. Termination of a student’s involvement in ASCEND 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 ___________________________ Date ________________

Parent/Legal Guardian Signature ___________________________ Contact Number ___________________________ Email ___________________________

Alpha Kappa Alpha Sorority, Incorporated - ASCEND 2014-2018 application
Student Code of Conduct & Responsibility Contract

As a participant of the ASCEND program:

1. I agree to abide by the rules and regulations set forth by the ASCEND personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
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.
5. I will remain in good academic standing with a cumulative minimum average of a “C” or its equivalent.
6. I understand that my membership may be revoked after three unexcused absences from meetings and activities within an academic year and that I must notify the ASCEND program personnel of any absence.
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 a career and or college attendance.
9. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the ASCEND program personnel.
11. I understand my admission and participation in the program is voluntary and may be 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 ASCEND 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 ASCEND program personnel.
14. I will evaluate the ASCEND 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 ASCEND program.

_____________________________________________  _____________________________
Student/Applicant Printed Name                         Date

_____________________________________________  _____________________________
Student/Applicant Signature                          Contact Number

_____________________________________________
Email
ASCEND Application Packet

ASCEND Program Student Application Form

Applicant Information

Name ____________________________________________
(Last Name) (First Name) (Middle Initial)

Address ____________________________________________
(Street) (City) (State) (Zip Code)

Phone _______________________________ Email _______________________________
(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) ___________________________ Gender ______ Male ______ Female ______

Grade Level: _____ 9th Grade (Freshman) _____ 10th Grade (Sophomore) _____ 11th Grade (Junior) _____ 12th Grade (Senior)

High School Name ____________________________________________

High School Address ____________________________________________
(Street) (City) (State) (Zip Code)

Current GPA (if applicable) ____________________________ Cumulative GPA ____________________________

Career Interest (check all that apply):

__Agriculture, Food & Natural Resources
__Human Services (e.g., Social Work, Counseling)

__Agriculture & Construction
__Information Technology

__Arts
__Law, Public Safety, Corrections & Security

__Audio/Visual Technology
__Management & Administration

__Business
__Marketing

__Education & Training
__Science, Technology, Engineering & Math (STEM)

__Finance Planning
__Military Services (Army, Marines, Navy or Reserve)

__Government & Public Administration Planning
__Transportation, Distribution & Logistics

__Health Sciences (Medicine, Dentistry, Nursing, Pharmacy)
__Vocational Trade (Automotive, Construction, Industrial, Technician)

__Hospitality & Tourism
__Other

Parental/Legal Guardian Information

Name ____________________________________________
(Last Name) (First Name) (Middle Initial)

Address ____________________________________________
(Street) (City) (State) (Zip Code)

Phone _______________________________ Email _______________________________
(Home Number) (Cell Number)

Emergency Contacts

Name ____________________________________________
(Last Name) (First Name) (Last Name) (First Name)

Phone _______________________________ Phone _______________________________

Email _______________________________ Email _______________________________
ASCEND Pre/Post-Assessment

Name: ____________________________________________

Directions: Tell us what you think about the agricultural sciences as a career. 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 courses I will need to take to be ready for college.  
2. I plan to study for the ACT or SAT to prepare for college.  
3. I enjoy math and science classes in school.  
4. I know about historically black colleges and universities.  
5. I know how and when to apply for financial aid.  
6. The cost of college is a factor in my plans to attend.  
7. I plan to work after high school.  
8. The military or community college are options for me.  
9. I am interested in learning about people from other countries.  
10. Understanding racial and cultural differences is necessary to be successful in any career.

Circle one

1  2  3  4  5

Please provide the following information.

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

3. Are you from a: Rural area ______; Urban area ______; or Suburban area ______?

4. Do you participate in other activities outside of school? If so, list those activities.

5. What type of high school do you attend:
   _____ Public  _____ Private  _____ Home School  
   _____ Parochial  _____ College preparatory  _____ Other

6. What is the student population like at the high school you attend?
   _____ Majority Hispanic  _____ Equal mix of all groups  _____ All female  
   _____ Majority African-American  _____ Majority White/Caucasian  _____ All male  
   _____ Majority Asian American  _____ Other (please specify)

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)?  
   If yes, please specify what types. ____________________________________________

Thank you for completing this survey!

Alpha Kappa Alpha Sorority, Incorporated - ASCEND 2014-2018 application