



## PROGRAM APPLICATION

NEW BEDFORD STAR KIDS SCHOLARSHIP PROGRAM  
P.O. BOX 50494 • NEW BEDFORD, MA 02745 • 774-400-7974  
[www.newbedfordstarkids.org](http://www.newbedfordstarkids.org)

**Applications will be accepted beginning September 1 for the following school year. This application form and all supporting documents must be received by April 1 to be given first consideration for that school year. Decisions are typically made in May. All information provided is confidential.**

\_\_\_\_\_ Date Application Received.

**ADDITIONAL INFORMATION (Your application will NOT be considered without all of the following):**

- Program Application
- Documentation of Incarceration and/or Substance Abuse
- Teacher Recommendation (can be sent in by teacher/school or parent)
- Counselor Recommendation
- Grades (copy of current report card)
- Financial Information (*two of these: 1040, W-2, State Benefit Form, Pay Stubs*)
- A current photo of your child

### Part A. Student Information

1. Student's Name: \_\_\_\_\_
2. Student's Gender: M\_\_\_ F\_\_\_
3. Student's Date of Birth: \_\_\_\_\_
4. Grade at time of application: \_\_\_\_\_ Grade applying for: \_\_\_\_\_

**5. Student's Race/Ethnicity:**

Caucasian \_\_\_\_\_ African/American \_\_\_\_\_ Native American \_\_\_\_\_

Hispanic \_\_\_\_\_ Bi-Racial \_\_\_\_\_ Multi-Racial \_\_\_\_\_ Other \_\_\_\_\_

**6. Home Telephone Number:** \_\_\_\_\_

Student's Cell Phone Number (if applicable):

\_\_\_\_\_

**Part B. Parent/Guardian Information**

**7. Parents/Guardians Names**

Custodial Parent/Guardian 1: \_\_\_\_\_

Custodial Parent/Guardian 2: \_\_\_\_\_

Non-Custodial Parent/Guardian 1: \_\_\_\_\_

Non-Custodial Parent/Guardian 2: \_\_\_\_\_

**8. Parents/Guardians Telephone Number (preferred number to call)**

Custodial Parent/Guardian 1: \_\_\_\_\_

Custodial Parent/Guardian 2: \_\_\_\_\_

Non-Custodial Parent/Guardian 1: \_\_\_\_\_

Non-Custodial Parent/Guardian 2: \_\_\_\_\_

**9. Parents/Email Addresses**

Custodial Parent/Guardian 1: \_\_\_\_\_

Custodial Parent/Guardian 2: \_\_\_\_\_

Non-Custodial Parent/Guardian 1: \_\_\_\_\_

Non-Custodial Parent/Guardian 2: \_\_\_\_\_

**Part C. School/Educational Information**

**10. Current School:** \_\_\_\_\_

**11. School Contact:** \_\_\_\_\_ Telephone: \_\_\_\_\_

12. Does the student have any physical or emotional conditions that Star Kids should be aware of? \_\_\_\_\_  
\_\_\_\_\_

13. Has the student ever had a psychological or educational evaluation?

\_\_\_ Yes \_\_\_ No If yes, please attach Date of testing: \_\_\_\_\_

14. Family Case Manager/Counselor(s): \_\_\_\_\_

Telephone: \_\_\_\_\_

### Part C. Family Information

#### FAMILY HISTORY OF INCARCERATION

1. Please provide a brief summary of the impact that incarceration of family members has had on the applying child:

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**(please circle one)**

2. Is the child's biological mother currently incarcerated? Yes No

3. Was the child's biological mother formerly incarcerated? Yes No

4. Is the child's biological father currently incarcerated? Yes No

5. Was the child's biological father formerly incarcerated? Yes No

6. Does the family member have a history of incarceration? Yes No

7. If yes, please explain relationship to applicant: \_\_\_\_\_

***If yes to any of the above regarding the child's parents, provide detail:***

**8.** Dates of each incarceration/how long served: Please be specific. \_\_\_\_\_

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**9.** What were the convictions? Please be specific for each. \_\_\_\_\_

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**10.** Is either parent on parole? If so, who? \_\_\_\_\_

**11.** Did either parent have trouble with the law earlier in life? If yes, at what age and for what?

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**12.** Was either parent a ward of the state as a child/teen? \_\_\_\_\_

### **FAMILY HISTORY OF SUBSTANCE ABUSE**

**1.** Please provide a brief summary of the impact that substance abuse by family members has had on the applying child:

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2. Please provide documentation of substance abuse (for example, documentation from substance abuse treatment program, a social worker, counselor or approved professional).

(please circle one)

3. Does the child's biological mother have substance abuse issues now? Yes  
No

4. Has the child's biological mother had substance abuse issues? Yes  
No

5. Does the child's biological father have substance abuse issues now? Yes  
No

6. Has the child's biological father had substance abuse issues? Yes No

7. Does another family member have substance abuse issues now? Yes No

8. If yes, please explain relationship to applicant: \_\_\_\_\_

***If "yes" to any of the above regarding the child's parents, provide detail:***

9. What substances were abused and for how long? Please be specific. \_\_\_\_\_  
\_\_\_\_\_

10. Has the person been in a residential or out-patient treatment program? \_\_\_\_\_  
\_\_\_\_\_

11. Name(s) of program(s), location(s) and dates of programs:  
\_\_\_\_\_  
\_\_\_\_\_

12. Has your family ever had DCF involvement? \_\_\_\_\_ If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**13.** Is this child currently receiving counseling services? \_\_\_\_\_ If yes, please explain. List name of counselor and provide contact email/phone number.

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**14.** Please list each family member in the household:

Name	DOB	Gender	Relation to Student
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**15.** What schools are you applying to? \_\_\_\_\_

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**16.** Please attach a separate sheet to this application if there is anything else we should know about the applicant or his/her situation.

**17.** How did you hear about New Bedford Scholarship Program?

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**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**PART D:**

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Information Requested:**

- Report cards, progress reports and teacher/advisor/coach comments (as they are issued, by trimester or semester)
- Test scores
- Standardized test results
- Results of child and/or family assessments
- Disciplinary records
- IEP's
- Speech/Language, Psychological, Behavioral and/or Psychological Evaluations

*In consideration of my child's participation in the New Bedford Star Kids Scholarship program, I hereby give my permission for the above information to be sent by my child's school to the New Bedford Star Kids Scholarship Program for as long as my child participates in the program.*

*I understand that this information shall not be released by the school to any other recipient without my written permission. I also understand that I may withdraw this consent at any time in the future.*

**Name of Parent or Guardian**

*(please print)* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## PARENTAL AUTHORIZATION TO RELEASE INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

In consideration of my child's participation in the New Bedford Star Kids Scholarship Program, I hereby agree that any information pertaining to the educational, financial and/or personal well-being of my child may be shared by my child's school directly with the New Bedford Star Kids Scholarship Program staff, my child's mentor and my child's scholarship sponsor. This includes, but is not limited to:

- Report cards, progress reports and teacher/advisor/coach comments (as they are issued, by trimester or semester)
- Test scores
- Standardized test results
- Results of child and/or family assessments
- Disciplinary records
- IEP's
- Speech/Language, Psychological, Behavioral and/or Psychological Evaluations

I understand that New Bedford Star Kids may contact my child's school or other another agency directly to obtain this information as needed. I also agree to allow Star Kids to share their information about my child with any agency helping my child.

**This release shall be valid for the duration of my child's participation in the New Bedford Star Kids Scholarship Program.**

**Name of Parent or Guardian**

*(please print)* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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## PHOTO CONSENT AND RELEASE

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I agree to allow New Bedford Star Kids Scholarship program and its representatives to take my child's picture and/or video. Said picture and/or video may be taken at school or at any of the New Bedford Star Kids' events. I also agree that my child's images may be used in any New Bedford Star Kids' literature including websites, annual report, annual appeal, local newspapers and magazines as well as any literature that promotes the mission of the New Bedford Star Kids Scholarship Program. I also agree that any picture and/or video of my child may be shared with his/her sponsor.

I understand that this release shall be valid for the duration of my child's participation in the New Bedford Star Kids Scholarship Program. I also understand that I may withdraw my consent at any time.

**Name of Parent or Guardian:**

*(please print):* \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*If you wish to opt out of having your child's image used by the New Bedford Star Kids Scholarship Program, please sign here: \_\_\_\_\_



**Part E. Teacher Recommendation Form**

**Date:** \_\_\_\_\_

This form must be filled out by the student's CURRENT teacher.

- 1. Student \_\_\_\_\_ Date of Birth \_\_\_\_\_
- 2. Current Grade \_\_\_\_\_ Current Class Size \_\_\_\_\_ Name of Teacher \_\_\_\_\_
- 3. Current School \_\_\_\_\_ School Phone \_\_\_\_\_
- 4. School Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

**TO THE TEACHER:** We greatly value the perspectives of the educators who work with our candidates on a daily basis. Your candid observations and descriptions are reviewed with the full awareness that young children are constantly changing and developing. Your responses on this form will be kept in confidence and used for admission purposes only. We strongly encourage the inclusion of any mid-year evaluations or standardized test scores that have been provided to parents. These materials will be used to make a thoughtful enrollment decision.

**Classroom Characteristics:** *Please check somewhere along the continuum*

Seldom Sometimes Often Consistently With Strength

**SOCIAL SKILLS**

- 5. Respects classroom rules \_\_\_\_\_
- 6. Exhibits self-control \_\_\_\_\_
- 7. Expresses ideas appropriately \_\_\_\_\_
- 8. Assumes responsibility for own actions \_\_\_\_\_
- 9. Works cooperatively with peers \_\_\_\_\_

**WORK HABITS**

Seldom Sometimes Often Consistently With Strength

10. Works cooperatively in a group \_\_\_\_\_

11. Stays focused in a large group setting \_\_\_\_\_

12. Works well independently \_\_\_\_\_

13. Completes tasks on time \_\_\_\_\_

14. Follows written directions \_\_\_\_\_

Seldom Sometimes Often Consistently With Strength

**APPROACH TO LEARNING**

15. Enjoys new activities \_\_\_\_\_

16. Seeks out help when needed \_\_\_\_\_

17. Shows initiative \_\_\_\_\_

18. Is curious and eager to learn \_\_\_\_\_

19. Puts best effort into work \_\_\_\_\_

*Please comment on this candidate's level of progress and achievement in the following areas:*

20. Reading \_\_\_\_\_  
\_\_\_\_\_

21. Math \_\_\_\_\_  
\_\_\_\_\_

22. Spelling \_\_\_\_\_  
\_\_\_\_\_

23. Handwriting \_\_\_\_\_  
\_\_\_\_\_

24. Written Expression \_\_\_\_\_  
\_\_\_\_\_

25. Social Studies \_\_\_\_\_  
\_\_\_\_\_

26. Science \_\_\_\_\_  
\_\_\_\_\_



Please list your phone number(s) if you would prefer to discuss this candidate by telephone. \_\_\_\_\_



**Part F. Counselor/Social Worker Recommendation Date: \_\_\_\_\_**

*This form must be filled out by the parent's CURRENT counselor or social worker*

We greatly value the perspectives of the counselors who work with the parents of our student candidates on a regular basis. Your responses on this form will be kept in confidence and used for admission purposes only.

Your responses will be used to make a thoughtful enrollment decision.

1. Name of Star Kid student applicant \_\_\_\_\_
2. Parent Name \_\_\_\_\_
3. Name of parent counselor/social worker \_\_\_\_\_
4. Agency \_\_\_\_\_ Agency phone number \_\_\_\_\_
5. Agency Address \_\_\_\_\_
6. City/State/Zip \_\_\_\_\_

**TO THE COUNSELOR/SOCIAL WORKER:**

We are looking for a parent who has completed their incarceration and/or drug rehab or is working on their drug rehab, has been reunited with their child and would like to put their past behind them and make a brighter life for themselves and their child. This parent should understand the value of an excellent education, appreciate this opportunity and be willing to do what is necessary to help their child succeed in a private school. This includes:

- making sure their child arrives at school on time every day (*Please stress the importance of attending school every day and being on time. Ten days or more of unexcused absence is considered "educational neglect". We are mandated to report excessive absences and tardiness to the state.*)
- providing transportation to school if needed
- providing lunch
- helping with homework and projects

- attending parent/teacher conferences
- returning phone calls promptly
- working cooperatively and politely with teachers, principals and Star Kids staff

7. We would like to make this a successful experience for the student and parent. Based on your experience with this parent, we would like to know if you think that the Star Kids Program is a good match for this parent and child, and why.

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8. As a scholarship program, we are not able to provide social services to this family. We need to know that the parent will be receiving counseling on a regular basis in order to receive additional help when needed.

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9. How long have you worked with this parent, and how long do you plan to work with him/her? \_\_\_\_\_

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10. Are you available to help them with ongoing family problems and emergency situations?

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**Signature of Counselor/Social Worker:** \_\_\_\_\_

**Date:** \_\_\_\_\_