

THE GREELEY DREAM TEAM



2019-2020 Application Packet

Parents: Upon completion of the application, the student will be notified if he/she is eligible.

SECTION I. General Information

To be completed by student and parent

Student Social Security Number: _____ - _____ - _____ (This number is required)

Student School ID (Lunch Number): _____

Name: _____
Last First Middle

Mailing Address: _____
Street

City State Zip Code

Date of Birth: _____ Female: _____ Male: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Parent Email:

Father's email: _____

Mother's email: _____

Race and Ethnicity:

_____ Hispanic/Latino of any race _____ American Indian or Alaska Native
_____ White _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ Asian

Citizenship: _____ U.S. Citizen
_____ Permanent Resident A# _____
_____ Eligible Non-Citizen A# _____

Current School: _____ Current Grade: _____

SECTION II. Student Needs Assessment

To be completed by the student.

What kind of College/University are you interested in attending?

- _____ Vocational/Technical College/Trade School/Military
_____ Two-Year Community College Degree or Transfer Program
_____ Four-Year Degree University

What are your interests and hobbies? _____

What are you doing to earn good grades? _____

What is preventing you from earning good grades? _____

Would you use a tutor to help you earn better grades? _____ Yes _____ No

Are you involved in or would you like to be involved in any school activities (sports, clubs, bands, etc.) this year?

Why do you want to be a part of The Dream Team? _____

Do you currently have or have had a sibling(s) in a Dream Team Program?
Yes _____ No _____

If yes, what is/are the name of your sibling(s)? _____

Please check the areas that are of interest to you. (All services are not provided in the same school year).

- | | |
|---|-------------------------|
| _____ College Admissions/Application | _____ Study Skills |
| _____ Field Trips to Colleges, Cultural Centers, Businesses | _____ Financial Aid |
| _____ College Selection | _____ Course Selection |
| _____ Career Exploration | _____ Motivation |
| _____ Scholarship Search | _____ Tutorial Services |

Comments: _____

SECTION III: Family Information

To be completed by parent.

Number of people living in your home, including yourself: _____

List all people who live with you:

Name	Age	Relationship to student	Employer/School	Grade Level
		Self (Student)		

The Greeley Dream Team’s Educational Talent Search Program is a federally funded TRiO program. Requirements include the student’s social security number and the family’s income verification as stated below.

*Please check the amount below which best matches the level of taxable income for 2018.
This amount can be found on tax forms (1040 EZ Line 6, 1040A Line 26, or 1040 Line 43)*

- | | |
|-------------------------|-------------------------|
| _____ \$0-\$18,735 | _____ \$45,256-\$51,885 |
| _____ \$18,736-\$25,365 | _____ \$51,886-58,515 |
| _____ \$25,366-\$31,995 | _____ \$58,516-\$65,145 |
| _____ \$31,996-\$38,625 | _____ OVER \$65,146 |
| _____ \$38,626-\$45,255 | |

Please mark all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Free School Lunches | <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Reduced School Lunches | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid/Medicare |
| <input type="checkbox"/> Veteran’s Benefits | <input type="checkbox"/> Disability Benefits | I DON’T receive benefits |
| <input type="checkbox"/> Student is ward of the State | <input type="checkbox"/> Student is in Foster Care | |

What is the highest grade completed by your mother? _____

Did she earn a 4-year college degree (Bachelor’s) or beyond? ___ Yes ___ No

What is the highest grade completed by your father? _____

Did he earn a 4-year college degree (Bachelor’s) or beyond? ___ Yes ___ No

I certify that the information on this form and any attachment is true, complete and accurate to the best of my knowledge.

_____ Parent Signature

_____ Date

RELEASE OF RECORDS/CERTIFICATION

All information will remain confidential.

With my signature below (parent signature needed only if student is under 18 years of age), I hereby grant permission to the staff of the Greeley Dream Team to access, as well as authorize District 6 and other agencies, to release my child's school records, including, but not limited to the following:

- **grades, attendance, test scores, free and reduced lunch eligibility, address, phone #, suspension, disciplinary records, ADA, etc.**

I hereby authorize post-secondary institutions to release to the Dream Team copies of:

- **college, academic, enrollment and student aid awards at the college I will be attending after high school graduation.**

Records will be used to access student needs, monitor student progress, document eligibility for the program and reporting purposes.

This information shall only be transferred to a third party outside of the Dream Team program on the condition that written consent of the parents or guardians (or applicant, if over 18) is first obtained.

I hereby authorize the Dream Team to add my email to their quarterly newsletter.

CERTIFICATION

Our signatures indicate that, to the best of our knowledge, the information given on this application is true, complete and accurate.

ACTIVITIES/PROMOTIONAL RELEASE

By signing below, both signed parties agree to the submittal of the application for entry into The Greeley Dream Team and consent to the statements provided below.

As a parent or guardian signing this form, I give permission for my child to participate in educational program-sponsored activities. I also give permission for the use of my child's name and/ or photograph for editorial, promotional, recruitment and/or educational purposes. I will do my best to encourage and participate in my child's Dream Team activities.

Parent Signature: _____ Date: _____

STUDENT AGREEMENT

If accepted to the program, I agree to attain all personal, academic and career goals that I and the Dream Team staff set for myself. I also agree to treat myself, other students and staff with respect and be a positive representative of the program.
I will do my best to attend Dream Team activities.

Student Signature: _____ Date: _____

Office Use Only

Eligibility: _____ Date Entered: _____ Date Tagged: _____
Advisor: _____ Program: _____

To submit this application, please save the COMPLETED document as a PDF and email it to The Greeley Dream Team Program Coordinator at mochoa4@greeleyschools.org