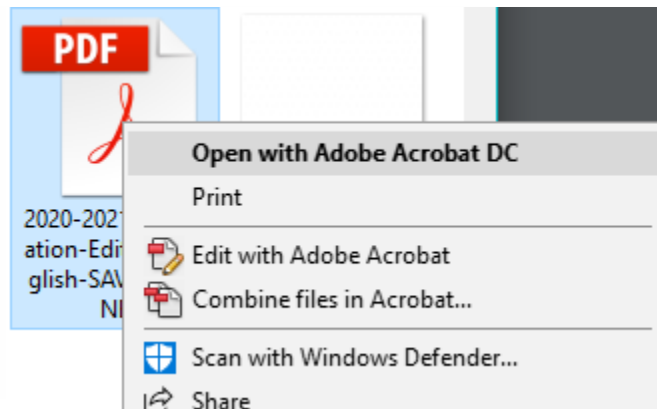


# THE GREELEY DREAM TEAM

**IMPORTANT: Save this application to your computer before completing it! Your information will not save if you fill it out in the browser before saving the application!**

Editable PDFs may be completed and saved using **Adobe Acrobat Reader** (this software must be loaded on your computer). To accomplish this, you must first save the empty application on your own computer:

1. Use the download button in the upper righthand corner of your screen
2. Save the file to your computer where you can easily access it
3. Open the saved file on your computer using Adobe Acrobat Reader (you may have to right click and select "Open with Adobe Acrobat" or "Open With..." and then "Adobe Acrobat.")



4. Fill out the form
5. Save the form
6. Return the form to [mochoa4@greeleyschools.org](mailto:mochoa4@greeleyschools.org) as an attachment

**IMPORTANT: If you are viewing this on your phone, DOWNLOAD the application before completing it! Otherwise, you will not be able to fill in the fields.**

# THE GREELEY DREAM TEAM



2022-2023  
Application Packet

## SECTION I. General Information

*To be completed by student and parent*

*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.*

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

Student School ID (Lunch Number): \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Date of Birth: \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

Race and Ethnicity:

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

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

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

Student/Friend/Family Member Who Referred you to Join the Dream Team: \_\_\_\_\_

## 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)		

*Please check the amount below which best matches the level of taxable income for 2020.  
This amount can be found on tax forms (1040 EZ Line 6, 1040A Line 26, or 1040 Line 43)*

- |                         |                         |
|-------------------------|-------------------------|
| _____ \$0-\$20,385      | _____ \$48,706-\$5,785  |
| _____ \$20,386-\$27,465 | _____ \$55,786-\$62,865 |
| _____ \$27,466-\$34,545 | _____ \$68,866-\$69,945 |
| _____ \$34,546-\$41,625 | OVER \$69,945           |
| _____ \$41,626-\$48,705 |                         |

Please mark all that apply:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Free</b> School Lunches    | <input type="checkbox"/> Social Security Benefits  | <input type="checkbox"/> TANF                            |
| <input type="checkbox"/> <b>Reduced</b> School Lunches | <input type="checkbox"/> Food Stamps               | <input type="checkbox"/> Medicaid/Medicare               |
| <input type="checkbox"/> Veteran's Benefits            | <input type="checkbox"/> Disability Benefits       | <input type="checkbox"/> I <b>DON'T</b> 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: \_\_\_\_\_

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#### 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 Assistant Director of Programs at [mochoa4@greeleyschools.org](mailto:mochoa4@greeleyschools.org)