



**Community C.A.R.E.S.**  
FOUNDATION, INC.

# IVY PREP APPLICATION PACKET

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Applications will be accepted by mail only. ONLY completed applications will be reviewed.

For questions/concerns, please contact Dr. Shonda Shaw at [ivyprep@communitycaresfdn.org](mailto:ivyprep@communitycaresfdn.org)

Or

Ms. Tonya Bloodworth at [ivyprep@communitycaresfdn.org](mailto:ivyprep@communitycaresfdn.org).

If you have additional concerns or questions, please contact, Mrs. Darlene M. Smith  
on 770-330-0183

\*To complete application, please use Times New Roman or Arial Font

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## Application Form

**Ivy Prep** is a college preparation program for high school females (grades 9-12) designed by the Chi Tau Omega Chapter of Alpha Kappa Alpha Sorority, Inc. ® and adopted by Community C.A.R.E.S. Foundation the nonprofit entity of Chi Tau Omega. The purpose of Ivy Prep is to cultivate and encourage life-long learning by empowering young people with the foundational skills needed to be successful in a post-secondary environment. The program seeks to improve the social stature among youth and to help maintain a progressive interest in college life.

### Applicant Criteria:

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- Y The program is open to high school females (grades 9-12).
- Y The applicant must be currently enrolled in public, charter or private school
- Y The applicant must submit all application forms (see Application Checklist).
- Y The applicant must submit a written personal statement ( $\leq$  250 words) which articulates why the student desires to be in Ivy Prep, what they will bring to the program, and what they plan to gain from the program (must be typed in 12 fonts and double-spaced).
- Y The applicant must have a 2.5 grade point average (4.0scale).

**Note: If the applicant is accepted, there is an annual \$50 membership fee. All students must pay the membership fee of \$50, annually.**

The **\$50 membership fee** is used to help cover the cost of travel expenses for college visits, speakers, ACT/SAT Prep teachers (Kaplan, Princeton Review, etc.), and other financial needs of the students throughout the course of the year.

\_\_\_\_\_ and \_\_\_\_\_ acknowledges,  
(Parent/Guardian) (Student)

understands, and agrees to the conditions of this program in order to become a prospective participant.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Personal Information

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**Please Print or Type Student Information Below:**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address  
\_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

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

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

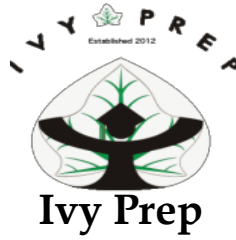
School District \_\_\_\_\_

Name of Homeroom Teacher (if applicable)  
\_\_\_\_\_

Homeroom Teacher Phone Number (if applicable) \_\_\_\_\_ Email \_\_\_\_\_

Name of Guidance Counselor  
\_\_\_\_\_

Guidance Counselor Phone Number \_\_\_\_\_ Email \_\_\_\_\_



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Parent/Guardian Name

\_\_\_\_\_

Parent/Guardian Phone Number

Email

\_\_\_\_\_

\_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Birth date: \_\_\_\_\_

GPA \_\_\_\_\_

List All Extracurricular Activities (School, Church, Community, etc.):

College Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Career Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student's Signature**

**Date**

\_\_\_\_\_

**Parent's/Guardian's Signature**

**Date**

\_\_\_\_\_



## Program Models, Rules/Regulations, and Agreement

**Ivy Prep** promotes the development of essential skills for college entrance, matriculation, graduation, and productive adult citizenship. The following four Models will be implemented to facilitate college preparation for global leadership: **(1) Advanced Academic Preparation (2) Cultural and Global Diversity (3) Leadership Development (4) Scholarship Awareness and Financial Literacy**. To ensure that participants will acquire maximum benefits from their experiences, it is imperative that each Ivy Prep member honor the following program rules and regulations as attested by the required signature below:

1. Follow instructions as they are given by any adult who is a member of the Ivy Prep Program.
2. Adhere to the appropriate dress code as defined by the Ivy Prep Advisor.
3. Students must maintain a 2.5 grade point average as they matriculate through high school. All students must submit official school transcripts at the end of every semester (December and May).
4. Behave in a manner that reflects favorably upon the Community C.A.R.E.S. Foundation, Inc.®, when attending Ivy Prep activities. Students are expected to practice behavior that is always respectful.
5. Attend 6 out of 8 business meetings and 75 % of workshops, community service projects, and other scheduled activities regularly. Students cannot be absent from more than one event per month without an appropriate excuse (i.e. illness, family death, etc.). Students may be removed from the program if the attendance requirement is not met.
6. Any student who is found with a juvenile/adult justice system record may be subject to immediate termination from the program.
7. Students must be enrolled at a public, charter, or private high school (grades 9<sup>th</sup>-12<sup>th</sup>). If a student is placed in alternative school for behavior reasons he/she may be subject for immediate termination.

I, \_\_\_\_\_ have read and understand all of the above rules and regulations and agree to follow these outlined rules as an effort to explore all four of the aforementioned Ivy Prep Models.

I, \_\_\_\_\_ understand that if I am found to be in violation of any of the rules and regulations, or code of ethics of the Ivy Prep program that the Community C.A.R.E.S. Foundation Inc. ® has the authority to terminate my participation.



**Ivy Prep**  
**Parental Consent/Permission Slip**

We understand the consequence(s) should a violation of rules and regulations occur.

**Student's Printed Name** \_\_\_\_\_ **Parent's/Guardian's Printed Name** \_\_\_\_\_

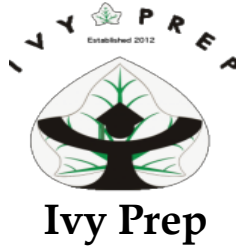
**Student's Signature/Date** \_\_\_\_\_ **Parent's/Guardian's Signature/Date** \_\_\_\_\_

I hereby request and consent that my child or ward \_\_\_\_\_ be permitted to participate in the Ivy Prep Program. I further understand that this program is for college preparation and that \_\_\_\_\_, may be accompanied and transported to and from designated events, photographed, and/ or mentored, by a member of Community C.A.R.E.S Foundation, Inc.® or its designee associated with this program. By signing below, I release The Chi Tau Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated and Community C.A.R.E.S. Foundation Inc.®, its members and other volunteers associated with this program from any liability or injury, loss, or damage connected in any way whatsoever with participation in this program.

I will be responsible for the annual \$50 Membership fee due for each academic year that my child or ward participates in Ivy Prep (other arrangements may be made for parents on payment plans). **Membership fees must be paid in full by December 31st (No Exceptions).**

**Parent's/ Guardian's Name (Print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



## Media Release/Permission Slip

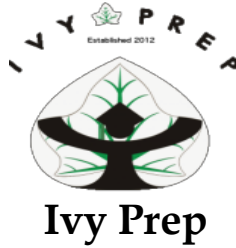
Chi Tau Omega Chapter and Community C.A.R.E.S Foundation Inc.® maintains a website that contains information about service projects and programs which includes photographs of program participants. In order for the name(s), photo(s) or video(s) of a minor (under the age of 18) to appear on our webpage, or in other media broadcasts such as community newspapers and magazines, we must obtain written permission.

I, \_\_\_\_\_ give permission for my child or ward's name picture, videography, or work to appear in television broadcasts, newspapers, magazines, journals, and/or on the Community C.A.R.E.S Foundation Inc.® or the Chi Tau Omega Chapter's website. I understand that information broadcasts on television and/or published on either website may be accessed by the general public at any time.

Signing below affirms that both the student and parent/guardian understand the information listed above in the Media Release/Permission Slip. Signing below also confirms that the parent/guardian permits the student to be a part of any news stories by traditional and new media literacies.

**Student's Printed Name** \_\_\_\_\_ **Parent's/Guardian's Printed Name** \_\_\_\_\_

**Student's Signature/Date** \_\_\_\_\_ **Parent's/Guardian's Signature/Date** \_\_\_\_\_



## Medical Release/Permission Slip

**Student/Applicant Name (Print):** \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Student D.O.B. \_\_\_\_\_

Date of Most Recent Exam \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_ Physician's Email Address \_\_\_\_\_ Primary \_\_\_\_\_

Insurance Company \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Student \_\_\_\_\_ Relationship to Subscriber \_\_\_\_\_

List any medical illnesses, injuries, or conditions that the student/applicant is currently experiencing:

- 
- 
- 
- 

List all medications that the student/applicant is currently taking:

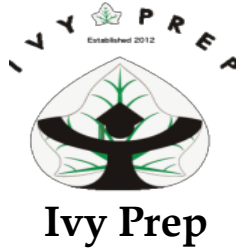
\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

**All medical information listed above shall remain private unless a student is in medical danger.**





## Medical Release/Permission Slip

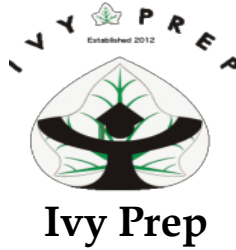
(continued)

I, \_\_\_\_\_ permit any member of the Chi Tau Omega chapter of Alpha Kappa Alpha Sorority, Inc. ®/ Community C.A.R.E.S Foundation Inc.® or its designee associated with this program to provide any medical assistance deemed necessary to my above listed child or ward. By signing this Medical Release/ Permission Slip, I release the Chi Tau Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated/ Community C.A.R.E.S Foundation Inc.®, its members and other volunteers associated with this program from any liability or injury, loss, or damage connected in any way whatsoever with participation in this program.

Signing below affirms that both the student applicant and the parent/ guardian understand and agree to the terms and conditions for medical treatment outlined in the Medical Release/Permission Slip. Signing this form also affirms that all medical information listed in the Medical Release/Permission Slip is accurate to the best of your abilities.

**Student's Printed Name** \_\_\_\_\_ **Parent's/Guardian's Printed Name** \_\_\_\_\_

**Student's Signature/Date** \_\_\_\_\_ **Parent's/Guardian's Signature/Date** \_\_\_\_\_



## Counselor/Teacher/Principal Recommendation

Student's Name (Print): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

The above named applicant has applied to participate in the Community C.A.R.E.S. Foundation Inc.® Ivy Prep Program and asks that you serve as a character and/or academic reference. Please answer the following questions in reference to the applicant's qualifications.

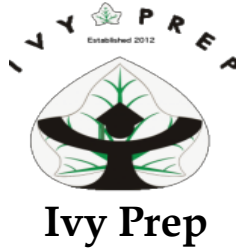
1. How long have you known this applicant? \_\_\_\_\_
2. Please give us your impressions of the applicant in terms of the attributes listed below.
3. Please feel free to make any additional comments about the applicant which you believe would be helpful to the Selection Committee in considering him/her as a member for Ivy Prep.

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature** \_\_\_\_\_

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



## Personal Recommendation

**Student's Name (Print):** \_\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI).

The above named applicant has applied to participate in the Community C.A.R.E.S. Foundation Inc.® Ivy Prep Program and asks that you serve as a character and/or academic reference. Please answer the following questions in reference to the applicant's qualifications.

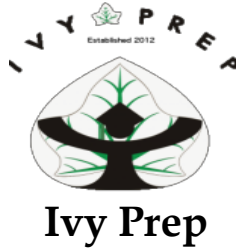
1. How long have you known this applicant? \_\_\_\_\_
  
2. Please give us your appraisal of the applicant in terms of the attributes listed below.

	Poor	Below Average	Average	Above Average	Excellent
Leadership Skills					
Maturity Level					
Cooperativeness					
Respectfulness					
Self- Confidence					
Attitude/Personality					

3. Please feel free to make any additional comments about the applicant which you believe would be helpful to the Selection Committee in considering him/her as a member for Ivy Prep.

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

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



## Application Check List

Please make sure you have the below listed forms completed with all appropriate signatures before turning this application into the Community C.A.R.E.S Foundation Inc.® **Any unsigned, late, or incomplete forms will not be considered, rendering the application null and void.** All completed applications should have the following in a sealed envelope:

- Δ Application Form (Signed)
- Δ Personal Information (Signed)
- Δ Program Models, Rules/Regulations, and Agreement (Signed)
- Δ Parental Consent/Permission Slip (Signed)
- Δ Media Release/Permission Slip (Signed)
- Δ Medical Release/Permission Slip (Signed)
- Δ Counselor/Teacher/Principal Recommendation Form (Signed) 2 required per applicant
- Δ Personal Recommendation Form (Signed)
- Δ Attached Personal Statement (≤250 words typed in 12-inch font and double-spaced)
- Δ Application Checklist (Signed)

I, \_\_\_\_\_ have double checked my application. I am sure that I have completed every form with the appropriate information and required signatures. My Personal Statement is attached to my application.

I, \_\_\_\_\_ understand the requirements for a completed application and the consequences for failing to submit a completed application based on the information listed above.

Signing below affirms that both the student/applicant and the parent/guardian understands the requirements for a completed application. Signing also confirms that the applicant has checked to make sure all required items are enclosed in the Application Packet envelope.

**Student's Printed Name** \_\_\_\_\_ **Parent's/Guardian's Printed Name** \_\_\_\_\_

**Student's Signature/Date** \_\_\_\_\_ **Parent's/Guardian's Signature/Date** \_\_\_\_\_