



STUDENT APPLICATION

Please answer all questions and submit this application along with a **current transcript (from your school counselor)**. **ALL blanks in this application must be completed.** or complete online at www.theacademysps.com

Please return all paperwork to your counselor or mail to:
The Academy for Scholastic and Personal Success, PO Box 2842, Cedar Rapids, IA 52406
If you have any questions, please contact Eric Thompson, Director at (319) 360-0409

Tuition: AM (8a-noon) M-F Program \$200 / PM (1p-3p) T/TH only Program \$100
(Students from the PM program who are invited to travel will be assessed an additional \$100.)

The PM program is a pilot program developed for those students who have conflicts from 8-12 Monday thru Friday. Applicants must provide a rationale for choosing the PM program: _____

AM Session (8a-12p: M-F) PM Session (1p-3p: T & Th)

Applicant Information

First Name: _____ Last Name: _____

Student Cell #: _____ Student Email: _____

Gender: _____ Age: _____ Birth Date: _____

School: _____ Grade: (incoming school year) _____

Current Cumulative GPA*: _____

*If the cumulative GPA is below 2.7, a letter of recommendation from a teacher or counselor **must** accompany the application.

Please answer the following questions:

- Does the applicant have an IEP or 504? Yes/ No
If yes, would you be willing to provide a copy of the IEP/504? Yes/ No
- Does the applicant receive free or reduced lunch? Yes/ No
- Is the applicant residing with someone other than parent or legal guardian? Yes/ No
- Is the applicant currently in foster care? Yes/ No
- Is the applicant's native language English? Yes/ No If not, please specify native language _____
- Has the applicant participated in any of the following accelerated academic learning programs? (Please check the boxes that apply)
 - 8th Grade Expanded Opportunities
 - PACT
 - AP Courses
 - Other _____
- Please list all extracurricular activities you have participated in during this school year.

Parent/Household Information:

#1 Parent(s)/Guardian(s)

Parent or Guardian Name(s): _____

Address: _____ City: _____ State _____ Zip Code _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Are you currently employed? Yes/ No (please circle)

#2 Parent(s)/Guardian(s)

Parent or Guardian Name(s): _____

Address: _____ City: _____ State _____ Zip Code _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Are you currently employed? Yes/ No (please circle)

Siblings: *Please list name, school, and grade of siblings*

#1. Name: _____ School: _____ Grade: _____

#2. Name: _____ School: _____ Grade: _____

#3. Name: _____ School: _____ Grade: _____

#4. Name: _____ School: _____ Grade: _____

#5. Name: _____ School: _____ Grade: _____

Signatures Needed for Permission, Certification, and Release:

I certify that the information in this application is true and correct to the best of my knowledge.

Student Signature: _____ Date _____

My son/daughter has my permission to participate in The Academy for Scholastic and Personal Success program. I understand that the application information and his/her school transcripts will solely be used for program purposes. The information will be kept confidential.

Parent/Guardian Signature _____ Date _____



I understand that the purpose of the Academy for Scholastic and Personal Success (ASPS) is to encourage students of color toward fulfillment of their potential by exposing them to higher learning in language arts, history, math, science, and professional skills. ASPS embraces cultural and historical traditions to empower students to possess dignity, integrity, and confidence.

1. As an ASPS student, I understand the importance of academic success. I agree to achieve and maintain no less than a 2.7 GPA. It is my responsibility to identify subjects that challenge me and ask for help. I will make myself aware of the school resources and programs that can assist me in reaching/exceeding this goal.
2. As an ASPS student, I understand the importance of maintaining good and regular school attendance. I am expected to be in class every day unless excused by a parent/guardian. No more than three unexcused absences per trimester are acceptable.
3. As an ASPS student, I understand the importance of character in and out of school. I assume the responsibility to represent ASPS by role-modeling positive peer interactions as well as respectful relationships with adults. All school and community behavioral referrals and charges will be investigated.
4. As an ASPS student, I understand my attendance at ASPS gatherings and fundraisers is mandatory. If I need to be absent, I will call the ASPS director and be excused from the event. I will be respectful and courteous at all ASPS events/gatherings.

I understand that failure to comply with any or all of the above statements may result in my dismissal from the Academy for Scholastic and Personal Success.

Student Signature: _____

Parent/Guardian Signature: _____

Academy for Scholastic and Personal Success Director Signature: _____