University of Louisville
Youth Toward Excellence Program

Governor's Minority Student College Preparation Program
University of Louisville

I give the school permission to release the following information requested concerning my son/daughter. Furthermore, I agree to allow the school system to monitor/report on my child's academic progress on an on-going basis as long as he/she is a participant in the GMSCPP.

_____
Parent(s) or Guardian(s) Signature

Student's Full Name: _____ SSN: _____ _____ _____

TO BE COMPLETED BY SCHOOL COUNSELOR

ACADEMIC PROFILE

Name of School: _____

School Address: _____

_____
City State Zip Code

In what grade is the student currently enrolled? _____

What is the student's performance standard ranking from the Commonwealth Accountability Testing System (CATS):

____Distinguished _____Proficient _____Apprentice ____Novice

Student's Current Cumulative G.P.A. _____

Is student enrolled in college preparation courses? Yes No

_____
School official's name and title (type or print)

_____
School official's signature

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Emergency Medical Treatment Form

If a medical emergency occurs, we, the staff of the Governor's Minority Student College Preparation Program (GMSCPP), will make every effort to contact the parent or guardian of the student to approve emergency care. In the event that we are unable to locate you, we request that you sign this permission slip for emergency care.

This is to certify to all medical personnel that I am the legal parent or guardian of _____, and that I hereby give my permission and consent to provide emergency services to or for the above named child and that I assume full financial responsibility for the above said emergency medical service.

Parent(s) or Guardian(s) Signature: _____

Date: _____

Waiver and Release Form

I, the parent or guardian of _____, shall not hold GMSCPP, its members or employees, accountable or liable for any accident or injury sustained by the above named child while participating in any activity sponsored by GMSCPP while at the school, or being transported to and from any school sponsored activity. This waiver shall be in effect until changed in writing by the parent or guardian of the above named child and received by the sponsoring institution.

Parent(s) or Guardian(s) Signature: _____

Date: _____

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Part A: Parent(s) or Guardian(s) Acknowledgment of Student Application

I am aware that my child is applying to the Governor's Minority Student College Preparation Program (GMSCPP) as a student participant. I understand that my child will be in attendance from _____.
Start/End Date
I am aware that my child will be given specific instructions as to the rules and regulations of both the GMSCPP and the _____, and that I will be required to sign permission forms.
GMSCPP Institution

Parent(s) or Guardian(s) Information

_____	_____
Mother or Guardian Full Name	Father or Guardian Full Name
_____	_____
Address	Address
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Telephone Number	Telephone Number

I hereby give permission for my child to attend the GMSCPP. I understand that the GMSCPP will be held at _____, and that transportation to and from the program and any other related activities will be my responsibility unless otherwise noted.

NOTE: A PARENT OR GUARDIAN MUST SIGN THIS AGREEMENT OR THE APPLICATION CANNOT BE CONSIDERED.

_____	_____
Parent(s) or Guardian(s) Signature	Date
_____	_____
Student's Signature	Date

Governor's Minority Student College Preparation Program
University of Louisville

Photo and Press Release Form

I, being the parent or guardian of _____, hereby consent that the photographs and/or motion picture film for which (s)he posed, and/or audio recordings made of his/her voice may be used by GMSCPP, its assigns or successors, in whatever way they desire, including television; furthermore, I hereby consent that such photographs, films, and recordings, and the plates and/or tapes from which they are made shall be GMSCPP property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, plates and tapes as they may desire free and clear of any claim whatsoever on my part.

Parent(s) or Guardian(s) Signature: _____
Date: _____

Student Directory

I, _____, hereby consent to be included in the student directory of the Governor's Minority Student College Preparation Program, for the purposes confined to GMSCPP interests only.

Student Signature: _____
Parent(s) or Guardian(s) Signature: _____
Date: _____

The following information may not be applicable to all institutions

Governor's Minority Student College Preparation Program
University of Louisville

STUDENT PARTICIPATION AGREEMENT

This agreement is made and entered on this _____ day of _____, 20____ by and between _____ and the Governor's Minority Student College Preparation Program at the
(Parent or Guardian)
University of Louisville for the purpose of supporting the program and its goal to improve African American youth preparation for postsecondary education. Therefore, in consideration of all the mutual covenant herein set forth, and having a complete understanding of the student, parent and program requirements:

1. I agree to participate in the required class activities of the GMSCPP.

2. *I agree to behave responsibly and respect the rights of others.*
   Student Signature_____

3. I agree to arrange transportation* for my child's participation in the GMSCPP.
   *Does not apply to certain institutions.

4. I agree to ensure that my child attends all meetings and/or workshops sponsored by the GMSCPP.

5. I agree to provide school reports and report card grades for the purpose of GMSCPP; CPE may also use the school reports for statistical purposes.

6. I agree to participate and work cooperatively with the GMSCPP staff to enhance my child's educational development.
   Parent(s) or Guardian(s) Signature_____

7. I agree to provide carefully planned educational, interesting, and informative programs for each official meeting. I agree to be available to students and parents.
   Program Director Signature_____

University of Louisville
Youth Toward Excellence Program

FAMILY DATA

Name of student: _____

Household: Two-Parents____ Single Parent____ Guardian____ Other_____

Highest level of education obtained by student's parent(s) or guardian(s) (optional):

	Mother or Guardian	Father or Guardian
Some high school	_____	_____
High school diploma or GED	_____	_____
Attended college	_____	_____
Graduated college	_____	_____
Post graduate work	_____	_____
Post graduate degree	_____	_____

Average yearly income of the household (optional):
Your decision to omit this information will not impact your child's acceptance in the program.
All information will be used for institutional purposes only.

Below $10,000	_____
$10,000-19,999	_____
$20,000-29,999	_____
$30,000-39,999	_____
$40,000-49,000	_____
$50,0000 or above	_____

Business Data of Parent(s) or Guardian(s) (optional):

	Mother or Guardian	Father or Guardian
Place of Employment:	_____	_____
Work Telephone Number:	_____	_____
Please indicate whether you can be contacted at work:	_____	_____
Shift:	1st___ 2nd ____ 3rd___	1st___ 2nd ____ 3rd___

The following information is requested for transportation purposes

Please complete both sides

University of Louisville
Youth Toward Excellence Program

Common Application for the
Governor's Minority Student College Preparation Program

STUDENT DATA

Date: _____

Full Given Name: _____

Social Security Number: _____-_____-_____

Address: _____
_____

Home Phone Number: _____

Age: _____ Sex: Female Male Birth Date:____/____/____
Month Day Year

Grade in School - Fall 20____: 6TH 7TH 8TH
Grade of Student in Transition: 9TH 10TH 11TH 12TH
Student's Area of Interest: _____

School: _____County: _____

Emergency Contact: _____ Relationship: _____

Address: _____Phone: _____

Is this your first time participating in the GMSCPP? Yes_____ No_____
If no, indicate the year(s) participated (check as many as applies or write in information):

20 _____ 20 _____ Summer Only _____
20 _____ 20 _____ Academic Year _____

Please list any clubs or extra-curricular activities:

1._____ 4._____
2._____ 5._____
3._____ 6._____

Comments: _____
_____