Professional Opportunities Program for Students, Inc.
"Building Character in Teens to Believe and Succeed"

2017-2018 Student Application ☐ New Student ☐ Returning Student

Applicant Information

Full Name: _____ Student # _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Date of Birth
MM/DD/YYYY : _____ Gender: _____ Age: _____ Grade Level: ☐ **(9)** ☐ **(10)** ☐ **(11)** ☐ **(12)**

High School Name: _____ Language(s) spoken at home: _____

Race/Ethnicity (please check all that apply):
☐ Black/African American ☐ Hispanic/Latino
☐ Caucasian/White ☐ American Indian
☐ Asian ☐ Caribbean/West Indian
☐ Other_____

Citizenship: ☐ US/Permanent Resident ☐ Undocumented

Cumulative GPA: ☐ 1.5-2.0 ☐ 2.0-2.5 ☐ 2.5-3.0 ☐ 3.0 and up

Career Interest: _____

Has anyone in the household attended college? YES ☐ NO ☐ If yes, did they graduate? YES ☐ NO ☐ Who? ☐ Parent ☐ Other_____

Have you taken the SAT/ACT? YES ☐ NO ☐ If yes, list your highest score: ACT_____ SAT_____

Do you currently or plan to participate in extracurricular activities/sports programs during the school year? YES ☐ NO ☐

If yes, please list the activities/sports: _____

CHECK ANY THAT APPLY

☐ Single Parent Home
☐ Parent/Sibling has been to Jail/Prison
☐ Homeless
☐ First Generation College Student
☐ Involved in Protective Services (i.e. DCF, Foster, Adoption)
☐ Lives with Someone other than Parents
☐ High Poverty Neighborhood _____
☐ Someone in Household receives TANF/SNAP
☐ Involved in Juvenile Justice System or been Arrested
☐ English is your Second Language _____
☐ Other_____
☐ None of the Above Apply

Question

Please complete both questions in the space provided or as an attachment

How did you hear about POPS? What do you hope to gain by participating in the POPS program?

Parent/Legal Guardian Information

1.Parent/Legal Guardian Full Name: _____
Last *First* *M.I.*

Cell Phone: _____ Other Phone: _____

Email Address: _____ Relationship to Student: _____

2.Parent/Legal Guardian Full Name: _____
Last *First* *M.I.*

Cell Phone: _____ Other Phone: _____

Email Address: _____ Relationship to Student: _____

As a Parent/Guardian, would you be willing: (Please check any that apply)

☐ CHAPERONE: The role of a chaperone is to accompany POPS staff on field trips, college tours, and other events.

☐ VOLUNTEER: The role of a volunteer is to assist POPS staff with various tasks (i.e., fundraising, events, workshops, office assistance, food preparation, etc.).

☐ BOARD MEMBER (NON- VOTING): The role of a board member is to serve on the board for a one-year term and provide insight as to some of the barriers of being a POPS parent and/or student, while advising the board on how the program can be improved..

Required Materials

Please make sure to include with application:

☐ Last Report Card or Transcript ☐ $ 25 Activity Fee

☐ Copy of Social Security Card ☐ Picture ID or State ID

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to your participation, I understand that false or misleading information in my application or interview may result in my release.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

TO BE COMPLETED BY POPS PROGRAM STAFF

Interviewed by: _____ Date: _____

Was this student referred? YES ☐ NO ☐ If yes, by who? _____

☐ Pre Survey Completed Shirt Fee: Size ☐ (S) ☐ (M) ☐ (L) ☐ (XL) ☐ (2X) ☐ (3X) ☐ (other:_____)

☐ Post Survey Completed Accepted: YES ☐ NO ☐

Notes: _____

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2017 - 2018 Authorization for Release of Information

Authorization for Release of Information

Date: _____ Student Number: _____

To Whom It May Concern:

The following student has enrolled in our program. Please send all records including grades, courses taken, test scores, current individual education plan (IEP), and immunization dates.

Student Name: _____ Date of Birth MM/DD/YYYY : _____
Last *First* *M.I.*

Parent/Guardian Name: _____ Phone #: _____
Last *First* *M.I.*

Name of School Attending: _____

Send Requested Records to

ATTN: POPS Program Staff
4401 VINELAND RD. STE A-10
ORLANDO, FL 32811
(407) 843-1202
FAX: (407) 843 -1206
Email: Popsinc.fl@popsinc.org

Parental Permission

I _____(parents name) give POPS, Inc. my permission on behalf of my and/or my minor child to use reproductions of photographs, images, video images, testimonials and voice recordings for media coverage, marketing materials, recreational brochures, internet, social media, or for any other use deemed appropriate by POPS, Inc. I understand the photographs and images taken belong to POPS, Inc., and I will not receive payment or compensation of any kind.

I _____ (parents name) agree on behalf of my student that POPS may use a reproduction of my or my minor childs image through photographic prints videos give POPS staff permission to advocate/act in my absence on behalf of my child administratively and academically.

Parent/Guardian Signature: _____ Date: _____

"Our mission is to provide personal and professional development for teenagers who face social and economic barriers that impact the quality of their lives."

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2017 - 2018 Medical Treatment Authorization Form

Student Information

Student Name: _____ Date of Birth MM/DD/YYYY : _____
Last *First* *M.I.*

Parent/Guardian Name: _____ Phone #: _____
Last *First* *M.I.*

Physician Information

Doctor's Name	Doctor's Phone Number
Dentist's Name	Dentist's Phone Number

Insurance	Insurance Phone Number	Policy #	Group #

Medicine Currently Taking
Medical History
Allergies

Emergency Contact

Last Name	First Name	Relationship	Contact Phone

I _____(parent), the undersigned parent of _____(student) hereby authorize Professional Opportunities Program for Students, Inc. (POPS) to obtain any necessary medical treatment for this student while participating in the POPS program and all associated POPS program field trips during the school year. I further agree to pay any and all cost incurred as a result of said treatment.

Parent/Guardian Signature: _____ Date: _____