



## APPLICATION PACKET

Mail completed Application To:

The Family Resources for Education and Empowerment

(F.R.E.E), Inc

Attn: School of Greatness

8412 Kingston Road, Shreveport, LA, 71108

For additional information, call us at 318-671-9403 or 318-671-9463

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*For Office use only*

Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_

School \_\_\_\_\_ Date Entered \_\_\_\_\_

Grade \_\_\_\_\_ AGD \_\_\_\_\_



**PARTICIPANT APPLICATION**

**DEMOGRAPHIC INFORMATION**

Name:

School ID

Phone

Alternate Phone:

Current address:

City:

State:

ZIP Code:

Email Address (that you check regularly):

**HIGH SCHOOL INFORMATION**

High School:

High School Address:

City/State:

Graduation Date:

High School GPA

Classification:

Clubs and Organizations:

**ELIGIBILITY INFORMATION**

Household /Family Size:

Are currently receiving Free or Reduced Lunch through Caddo Parish Schools      Yes      or      No

What are your educational plans?       Obtain a High School Diploma       Obtain college degree

Please list your dream career:

**GUARDIAN INFORMATION**

Name of a guardian to contact:

Relationship:

Address:

Phone:

City:

State:

ZIP Code:

No High School Diploma       High School/GED       Some College/Associate Degree       Bachelor degree

**CERTIFICATION**

I certify that the information submitted on this application is true to the best of my knowledge and that by submitting this information I understand that my information will be used for educational/institutional purposes. I have received the guidelines for participation and authorize my child to participate in the School of Greatness.

Guardian's Signature:

Date:

Student Signature:

Date:



## STUDENT/PARENT CONTRACTUAL AGREEMENT/AUTHORIZATION

As a School of Greatness participant, I fully understand the purpose and goals of the program. I agree to participate in all program activities that are designed to assist me in reaching my educational and career dreams.

I will:

- Dedicate to regular school attendance;
- Participate in class, complete all homework assignments and study on a daily basis;
- Attend scheduled meetings and sessions;
- Explore my dreams;
- Demonstrate Greatness at all times
- Dress my dream as required for sessions
- Participate in field trips and other cultural enrichment activities;
- Graduate from high school;
- Maintain a positive outlook on life;
- Enroll in a postsecondary institution and report my college enrollment each semester until graduation

As the parent/guardian of the above School of Greatness applicant, I agree to actively participate in the educational experience provided to my child by the School of Greatness. I agree to cooperate with the program staff and participate in sessions as required, thereby supporting my child's dreams.

By signing below, I agree to authorize the school and/or college to provide the School of Greatness with information about my child. I also agree to allow this program access to transcripts, financial information included but not limited to free or reduced lunch verification and any other materials necessary to help my child participate and succeed in the School of Greatness. I authorize the School of Greatness to share appropriate information with the public school.

In addition, I hereby authorize the publication of my child's picture to be used in the School of Greatness materials such as newsletters, annual reports, web pages, movie clips and recruiting presentations. I agree to release the School of Greatness from any liability related to publicity involving my child.

These important documents MUST accompany the School of Greatness Application:

\_\_\_ Copy of last report card

\_\_\_ Copy of Income verification (Free/Reduced Lunch or Food Stamp verification accepted)

\_\_\_ Copy of most recent photo/school ID

The information contained herein is correct, complete, and accurate to the best of my knowledge. Submission of false or misleading information can result in disqualification from the program. This application cannot be processed without the requested information. Both the student and parent/guardian must sign the application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

"The school of Greatness is an equal opportunity program by choice, regardless of race, color, creed sex, disability, or veteran status"