

PROJECT Promotion Retention Opportunities Advancement (PROA) SY 2017-2018 APPLICATION



Received Date: _____ By: _____ Filed On: _____

2017-2018 Project PROA APPLICATION

PART A: STUDENT INFORMATION

Name (Last/First/Middle Initial):

Name of High School: _____

Grade Level: 11th Grade 12th Grade First Year of College

Date of birth (MM/DD/YYYY): ____/____/____

Gender: Male Female

Mailing Address (City/State/Zip Code):

Home Phone: _____ **Cell Phone:** _____

E-mail Address: _____@_____

Social Security #: ____-____-____ **Power Campus ID:** _____

Marital Status: Single Married Divorced/Separated Widowed

PART B: CITIZENSHIP, ETHNIC BACKGROUND AND LEGAL RESIDENCY

1a. CITIZENSHIP:

- US Citizen US Permanent Resident
 Republic of the Marshall Islands Republic of Palau
 FSM Citizen (select one): Chuuk / Pohnpei / Kosrae / Yap
Other (please specify): _____

PART B: CITIZENSHIP, ETHNIC BACKGROUND AND LEGAL RESIDENCY (Continued)

1b. Ethnic Background(s): Check all that apply.

- Chamorro Marshallese Filipino Caucasian
 Carolinian Palauan Chinese African American
 Chuukese Pohnpeian Japanese Native American
 Kosraean Yapese Korean Hispanic/Latino
 Other (please specify): _____

2. STATE OF LEGAL RESIDENCE:

- Saipan
 Tinian
 Rota

PART C: EDUCATIONAL AND CAREER GOALS

- Graduate with an AA/AS Graduate with BA/BS
 Graduate with Masters Graduate with Doctorate
 Transfer to a 4 year college/university Trade/Vocational School Certification
 Need help deciding
College Major(s): _____ Undecided

PART D: SERVICES

Please select the services you are interested in receiving. Check all that apply.

- Academic Counseling College Counseling Financial Aid Guidance
 Mentoring Tutoring Transfer Support
 Career Readiness (Example: resume writing, interview skills)

PART E: PARENT/GUARDIAN INFORMATION

Father/Guardian (Last/First/Middle Initial): _____

Mailing Address (City/State/Zip Code): _____

Place of Employment: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Educational Background:

- Some high school Some college Master's degree
 High School diploma Associate's degree Doctorate
 GED Bachelor's degree

Mother/Guardian (Last/First/Middle Initial): _____

Mailing Address (City/State/Zip Code): _____

Place of Employment: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Educational Background:

- Some high school Some college Master's degree
 High School diploma Associate's degree Doctorate
 GED Bachelor's degree Trade/Vocational

PART F: EMERGENCY CONTACT INFORMATION

In case of emergency, Project PROA will contact the following:

Name: _____ Relationship to student: _____

Home phone: _____ Work phone: _____

Cell phone: _____

PART G: CONSENT AGREEMENT

My child, _____, has my permission to participate in Project PROA and all scheduled and related activities.

I release the Northern Marianas College, Project PROA, and all affiliated Project PROA partners, and its respective directors, officers, agents, and employees (collectively, "Releasees") from liability for any loss, damage, injury or illness resulting from my child's participation in Project PROA.

On behalf of my child and myself, I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releasees or any of them.

In the case of injury or illness, I authorize Project PROA representatives to seek all necessary medical attention for my child. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred. I remain fully responsible for any actions taken by my child.

I also note that – although my child will be accompanied much of the time by the Releasees – they cannot monitor my child 100% of the time. If Project PROA discovers that my child has left his/her group, or has done anything to risk his/her safety or the safety of someone else, I will be called and my child asked to leave the program immediately.

I further understand that my child's participation in Project PROA may involve coverage in the media. I hereby release any claim I may have surrounding rights to my child's name, image, voice or likeness in connection with publicity for NMC, Project PROA, or affiliated partners.

I affirm that I have read and understood this document and agree to its terms.

Parent/Guardian Signature (Print and Sign)

Date

CONSENT AGREEMENT Continued

I am signing this Consent Agreement for myself as a participant. I acknowledge that I am eighteen (18) years of age or older and that I understand the terms of this Consent Agreement.

Parent/Guardian Signature (Print and Sign)

Date

PART H: SIGNATURES

All appropriate signatures are required.

I hereby certify that the information provided in this Project PROA application is, to the best of my knowledge, true and correct. In addition, I authorize the high school and/or post-secondary institution I am attending to release to Project PROA, if requested by Project PROA, my son's/daughter's official grades and transcripts. By submitting this application, I am giving Project PROA permission to verify information on this form.

Applicant Signature (Print and Sign)

Date

Parent/Guardian Signature (Print and Sign)
(If the applicant is under the age of 18)

Date

HIGH SCHOOL INFORMATION

To be completed by your high school counselor (if applicable):

Reading Score: _____

Math Score: _____

Student receives a free or reduced meal: Yes No

Name of School Counselor: _____

Signature of School Counselor: _____