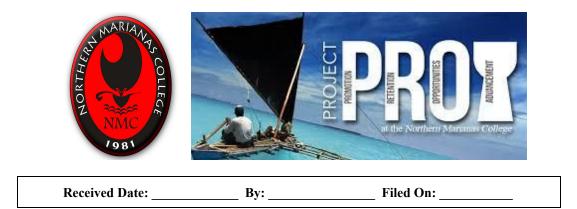
PROJECT Promotion Retention Opportunities Advancement (PROA) SY 2017-2018 APPLICATION



2017-2018 Project PROA APPLICATION

PART A: STUDENT INFORMA	ΓΙΟΝ				
Name (Last/First/Middle Initial):					
Name of High School:					
Grade Level: 🗆 11 th Grade	12 th Grade	□ First Year of College			
Date of birth (MM/DD/YYYY): _	<u>//</u>				
Gender: 🗆 Male 🛛 Female					
Mailing Address (City/State/Zip Code):					
Home Phone:	Cell Phone:				
E-mail Address:	(a)				
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 Backgrou	und(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 spe	ecify):				
2. STATE OF LEGA	AL 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 y	ear college/university	□ Trade/Vocation	nal School Certification		
□ Need help decidi	ng				
College Major(s):		□ Undecided			

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PART D: SERVICES					
Please select the services you	are interested in receiving. Ch	neck all that apply.			
□ Academic Counseling	□ College Counseling	Financial Aid Guidance			
□ Mentoring	Tutoring	□ Transfer Support			
□ Career Readiness (Example: resume writing, interview skills)					
PART E: PARENT/GUAF	RDIAN 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	\Box 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:					
	Work Phone:				
Cell Phone:					
Educational Background:					
□ Some high school	\Box 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: \Box Yes \Box No

Signature of School Counselor: _____