

APPLICATION FOR ADMISSION CONSIDERATION

TO THE

PROMISE PROGRAM



Promise Program

1909 Summit

Marshalltown, IA 50158

Phone: (641) 752-3912

Fax: (641) 752-3639

www.promiseprogram.org

Please print in ink. *All areas of the application must be completed.* Date completing application _____

Applicant's Legal Name _____
Last First Middle Male Female

Preferred name (or nickname) _____

Birthplace _____ Birth date ____/____/____ U.S. Citizen? Yes No

Soc. Sec. No. _____ Current Grade _____ School _____

How did you hear about Quakerdale's Promise Program? _____

Are you currently applying for more than one child? Yes No *If yes, a separate application must be completed for each child.*

Please check the most appropriate rating for the child:

	Excellent	Good	Average	Below Average	Poor
Child's interest in the Promise Program					
Child's Behavior					

Why are you interested in the Promise Program?

OPTIONAL INFORMATION: *Your response to the following racial/ethnic item is voluntary*

If you wish the applicant to be identified with a particular ethnic group, please check one of the following:

- African American or Black Hispanic or Latino
 American Indian or Alaskan Native Caucasian or White
 Asian or Pacific Islander Other (specify _____)

Quakerdale admits children of any race, religion, social or economic status and does not discriminate in the administration of its policies and programs.

PERSON OR AGENCY ASSISTING WITH THIS APPLICATION (If other than listed on page 1)

Completing this section authorizes Quakerdale's Promise Program to discuss specific details of this application with the person/agency listed below.

Name _____ Relationship to applicant _____

Address _____ Home telephone number _(_____)_____
Route or Street

Work telephone number _(_____)_____

City _____ State _____ Zip _____
County _____ Hours of work _____ AM to _____ AM
PM PM

Is this an emergency? _____ Why? _____

OTHER PERSONS WE CAN CONTACT IF PARENT/LEGAL GUARDIAN IS NOT AVAILABLE

Completing this section authorizes Quakerdale's Promise Program to discuss specific details of this application with the person/agency listed below.

Name _____ Telephone Number _____ Relationship _____
_(_____)_____

PERSON(S) HOLDING LEGAL CUSTODY OF APPLICANT (Parent or Guardian)

Name _____ Birth date _____ Name _____ Birth date _____

Home Address _____ Home Address _____

Occupation/Title _____ Occupation/Title _____

Employer _____ School Grade Completed _____
Employer _____ School Grade Completed _____

Yearly Employment Income Before Taxes \$ _____ Yearly Employment Income Before Taxes \$ _____

Social Security Number _____ Social Security Number _____

Is the biological/adoptive mother in favor of the applicant entering Quakerdale's Promise Program? Yes No

Is the biological/adoptive father in favor of the applicant entering Quakerdale's Promise Program? Yes No

If "No" to either, please explain why: _____

3. Persons in Household

Student applicant lives with (check all that apply)

- Biological or Adoptive Mother (circle one)
- Biological or Adoptive Father (circle one)
- Stepmother
- Stepfather
- Female Guardian (example: grandmother, aunt)
- Male Guardian (example: grandfather, uncle)

Check all that apply:

- Biological parents married Father disabled
- Biological parents never married Mother disabled
- Biological parents separated Father deceased
- Biological parents divorced Mother deceased

4. Other Adults in Household

Name of Adult	Age	Relationship (example: aunt, grandmother)
_____	_____	_____
_____	_____	_____

5. Other Children in Household

Name(s) of Child(ren)	Age	Relationship (example: sister, friend)
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY FINANCIAL INFORMATION

To assess your financial ability to contribute to the costs of your child's care:

Please indicate your significant family expenses.

Sources of Household Expenses	Monthly Payment
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please indicate all sources of money coming into the total household. Examples: parent's paycheck, step-parent's paycheck, other person contributing to household (please indicate relationship), social security benefits, child support, any type of public assistance.

Type of Income	Amount Received
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FOR THE PARENT OR LEGAL GUARDIAN

Please describe any extenuating circumstances regarding your family financial situation that may demonstrate your need for partial or full scholarship. (Attach additional sheets as necessary):

REFERENCES

Please list the names of people who we can contact that know about the need for your child to be involved in the Promise Program:

Name and Relationship	Address	Home phone	Work phone

STATEMENT AND AUTHORIZATION

1. I am a custodial parent or legal guardian of _____
(print applicant's name)
2. All information provided on the application and through federal and state income tax returns, W2 Wage and Tax Reporting Statements, Form 1099, etc., is to the best of my knowledge, true, correct, complete, and accurate.
3. When requested, I agree to send an official copy of any income documentation, i.e., tax return, appropriate schedules, and W-2 Forms.
4. Neither the applicant nor I receive financial support which has not been listed on the application.
5. I authorize my employer(s) to disclose to representatives of Quakerdale any financial information requested in connection with the application.
6. I authorize Quakerdale to contact schools, agencies, and other sources and to obtain information to support this application, and release every person, agency and institution including mental health and substance abuse from any liability pertaining to the furnishing of such information.
7. I authorize Quakerdale to utilize the information provided on the application for the purpose of considering the applicant for admission,
8. I agree to provide, if requested, any other official documentation necessary to verify the information provided.

Signature of Custodial Parent (or Legal Guardian) Date

Signature of Custodial Parent (or Legal Guardian) Date

WARNING: THE MAKING OF FALSE STATEMENT MAY RESULT IN THE DISCONTINUANCE OF THE APPLICATION PROCESS OR THE TERMINATION OF ENROLLMENT AND ALL RELATED BENEFITS.