

A foster youth college enrichment program by:







## We are delighted to invite you to recommend a talented, rising **9**<sup>th</sup> grade foster youth to participate in the First Star Kent State Academy.

The First Star Kent State Academy is a free, comprehensive four-year college access program for youth in foster care. The Academy offers a 4-week residential summer academy where youth receive academic support, enrichment, and encouragement needed to assist them in becoming competitive college applicants. Unfortunately, as a result of COVID-19, the Academy is being held virtually and will not be in-person until further notice. Nonetheless, the First Star staff are committed to creating an enriching and engaging experience for our scholars.

The program engages a cohort of up to 30 students in a variety of engaging and active learning opportunities that include academic support, career exploration, social and cultural activities, field trips, service learning and recreational activities. While the method of engaging the students has changed to a virtual format, the same opportunities are given. In addition to the summer immersion program, students and their families will receive individual support throughout the academic year through monthly Saturday Academies, education advocacy, and caregiver workshops.

#### To recommend a student or apply, please follow these steps:

- 1. Ensure your student meets the following eligibility requirements:
  - a. Currently in foster care and must have an open case in: Cuyahoga, Portage, Summit, Stark, Ashtabula, Tuscarawas, Geauga, Columbiana, Mahoning/Trumbull counties
  - **b.** Currently enrolled in the 8th, 9th, or 10th grade
  - **c.** Able and willing to participate in the 4-week summer academy component and monthly Saturday sessions, during the academic year, at Kent State University or virtually
  - **d.** At least a 2.3 GPA and 90% attendance in current and previous school year, unless there is a reasonable explanation for participation
  - e. Demonstrates maturity and potential to thrive in a college-prep setting
- 2. Ask your student to complete and return to you the background form and student responses of the application.
- 3. Complete the Adult Recommendation portion of the application.
- 4. Obtain student's most recent transcript, attendance record, and discipline log from current school.
- Submit the entire application packet electronically to the email address below (student application, adult recommendation, school records). Applications will be accepted from October 1, 2020 through February 26, 2021: <a href="mailto:firststarinfo@kent.edu">firststarinfo@kent.edu</a>

In the subject line, please address the application as follows: FS Scholar Application- Insert Scholar's Last Name

**Selection process:** Acceptance will be on a rolling basis, so once a Scholar's application has been received and accepted, the new Scholar will be immediately invited to begin participating in the virtual Saturday Academies.







**Background Form** 

Student Name:    Current Grade Level:
Preferred Pronoun: He She They No preference  Caregiver Name:  Phone #:  E-mail:  Mailing Address: Street Address: City: State:  Date of Birth:  Youth has been impacted by Opioid Crisis Yes No  Ethnicity:  African-American/Black American Indian African-American/Black White/Caucasian  Name of CFS Social Worker:  Phone #:  Email:  Name of Network Case Manager or GAL: Placement:  Kinship or Relative  No preference  Phone #:  Email:  No preference  Napartment #:  Zip Code:  Apartment #:  Zip Code:  Apartment #:  Zip Code:  Apartment #:  Zip Code:  Phone #:  Email:  Phone #:  Email:  Residential Treatment (Unlocked)
Caregiver Name:    Phone #:   E-mail:
Caregiver Name:    Phone #:   E-mail:
Mailing Address: Street Address: City: State: Apartment #: City: State: Zip Code:  BACKGROUND INFORMATION Gender: Date of Birth:  Maile   Female   Transgender   Youth has been impacted by Opioid Crisis   Yes   No Ethnicity: African-American/Black   American Indian   Asian/Pacific Islander   Other  Name of CFS Social Worker: Phone #.: Email: Name of Network Case Manager or GAL: Phone #.: Email: Placement: Kinship or Relative   Non-relative Foster Home   Residential Treatment (Unlocked)
Mailing Address: Street Address: City: State: Apartment #: Zip Code:  BACKGROUND INFORMATION  Gender: Date of Birth: Youth has been impacted by Opioid Crisis Yes No Ethnicity: African-American/Black American Indian Latino/a White/Caucasian Other  Name of CFS Social Worker: Phone #.: Email: Name of Network Case Manager or GAL: Placement: Kinship or Relative Non-relative Foster Home Residential Treatment (Unlocked)
Mailing Address: Street Address: City: State: Apartment #: Zip Code:  BACKGROUND INFORMATION  Gender: Date of Birth: Youth has been impacted by Opioid Crisis Yes No Ethnicity: African-American/Black American Indian Latino/a White/Caucasian Other  Name of CFS Social Worker: Phone #.: Email: Name of Network Case Manager or GAL: Placement: Kinship or Relative Non-relative Foster Home Residential Treatment (Unlocked)
Street Address:
BACKGROUND INFORMATION  Gender: Date of Birth: / /  Male Female Transgender Youth has been impacted by Opioid Crisis Yes No  Ethnicity: African-American/Black American Indian Asian/Pacific Islander Latino/a White/Caucasian Other  Name of CFS Social Worker: Phone #.: Email: Name of Network Case Manager or GAL: Phone #.: Email: Placement:  Kinship or Relative Non-relative Foster Home Residential Treatment (Unlocked)
BACKGROUND INFORMATION  Gender:
Gender:
Gender:
□ Male □ Female □ Transgender Youth has been impacted by Opioid Crisis ■ Yes ■ No   Ethnicity: □ African-American/Black □ American Indian □ Asian/Pacific Islander   □ Latino/a □ White/Caucasian □ Other    Name of CFS Social Worker:    Phone #.:   Email:   Phone #.:   Email:   Email:   Placement:   Kinship or Relative □ Non-relative Foster Home □ Residential Treatment (Unlocked)
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Email:     Name of Network Case Manager or GAL:   Phone #.:     Email:     Email:
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Placement:  □ Kinship or Relative □ Non-relative Foster Home □ Residential Treatment (Unlocked)
Placement:  □ Kinship or Relative □ Non-relative Foster Home □ Residential Treatment (Unlocked)
☐ Kinship or Relative ☐ Non-relative Foster Home ☐ Residential Treatment (Unlocked)
☐ Legal Custody ☐ Adoptive Parents ☐ Other
EDUCATION INCORMATION
EDUCATION INFORMATION
Middle School Name/District: High School Name/District:
O
Cumulative Middle School GPA: Most Recent GPA:
In Chudant Describing Chariel Education Mart Descrit Attendance Date:
Is Student Receiving Special Education Most Recent Attendance Rate:
Services?
☐ Yes ☐ No ☐ Don't Know  # of Supposions/Expulsions in Last 2 School Voors:
# of Suspensions/Expulsions in Last 2 School Years:  (If yes, submit most recent IEP)







#### **STUDENT'S RESPONSES**

EXTRA-CURRICULAR ACTIVITIES						
Name of Club or Organization	Number of Years of Participation	Required Summer Participation?				
Give Something Back (Give Back) \$	Scholarship					
-	st Star permission to share the ir	nformation in this application with Give ship.				
*All applicants are subject to eligibility	requirements for acceptance of t	the Give Back Scholarship.				
ESSAY RESPONSES (1-2 Paragrap	hs)					
Imagine you are turning 100 years of age and your friends and family want to throw you a birthday celebration! You have accomplished everything you wanted in life and everything you tried was AWESOME! As a tribute to you on this special day, several of your admirers want to say a few words about your accomplishments. What is it that they are going to say in celebration of you? (Feel free to have fun with your answer!						







Share what will be the biggest challenge (if any) that ye Provide one suggestion on how you might overcome t	ou will face in trying to get into college? hat challenge.
Signature	
The information I have presented in my application is a me.	ccurate, honest, and has been solely written by
Student's Signature:	Date:







Student's Name

To the Recommender:

## The First Star Kent State Academy

Date of Birth:

#### **Adult Recommendation Form**

This section should be completed in confidence by any adult involved in the student's life (e.g., teacher, counselor, social worker, mentor, pastor, attorney).

designed to provide youth in foster care with the acabecoming competitive college applicants. Your insigh	• • • •	•			
Once you have completed the recommendation particles firststarinfo@kent.edu	olease email or yo	ur recomi	mendation directly to:		
RECOMMENDER'S INFORMATION					
Name:		Phone E-mail:			
School/Organization:		Title:			
Relationship to student:		How long have you known the student?			
I recommend this student for the First Star	Academy:				
	Do not recommend		Recommend with reservations	Enthusiastically recommend	
Academic potential					
Character and maturity					
Ability to work well with others					
Overall recommendation					

Thank you for taking the time to provide your confidential insight and thoughts regarding this student who is applying for the First Star Kent State Academy. The Academy is an intense, highly supportive and personalized college access program







Please answer t	he following que	estions (attach ex	tra pages if nece	essary):		
Why do you believe this student is a good candidate for the First Star Academy? What behavior has this student demonstrated to you that shows he/she will benefit from this opportunity?						



