**Background Form**

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| --- | --- | --- | --- | --- |
| **CONTACT INFORMATION** | | | | |
| Student Name:    *Preferred Pronoun:*   He   She No preference | | | | Current Grade Level: |
| Caregiver Name: | Phone #:  E-mail: | | | |
| Mailing Address:  Street Address:       Apartment #:  City:       State:       Zip Code: | | | | |
|  | | | | |
| **BACKGROUND INFORMATION** | | | | |
| Gender:  ☐ Male ☐ Female ☐ Transgender | Date of Birth:      /     /  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)  ☐ Legal Custody ☐ Adoptive Parents ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | | | | |
| **EDUCATION INFORMATION** | | | | |
| Middle School Name/District: | | High School Name/District: | | |
| Cumulative Middle School GPA: | | Most Recent GPA: | | |
| Is Student Receiving Special Education Services?  ☐ Yes ☐ No ☐ Don’t Know  (If yes, submit most recent IEP) | Most Recent Attendance Rate:    # of Suspensions/Expulsions in Last 2 School Years: | | | |

**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** |
| By checking the box below, I grant First Star permission to share the information in this application with Give Something Back, and to automatically apply for the Give Back Scholarship.  ☐  \*All applicants are subject to eligibility requirements for acceptance of the Give Back Scholarship. |

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| **ESSAY RESPONSES (1-2 Paragraphs)** |
| 1. **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!)** |
|  |
| 1. **Share what will be the biggest challenge (if any) that you will face in trying to get into college? Provide one suggestion on how you might overcome that challenge.** |
|  |

**Signature**

The information I have presented in my application is accurate, honest, and has been solely written by me.

Student’s Signature Date

**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).*

|  |  |
| --- | --- |
| Student’s Name | Date of Birth: |

**To the Recommender:**

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 designed to provide youth in foster care with the academic support, encouragement and enrichment needed to assist them in becoming competitive college applicants. Your insight will help us ensure the program is the right fit for your student.

**Once you have completed the recommendation please email** **your recommendation directly to Danielle Green-Welch at** [**danielle.green-welch@firststar.org**](mailto:danielle.green-welch@firststar.org)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** |  | |  |  |

**Please answer the following questions (attach extra pages if necessary):**

Why do you believe this student is a good candidate for the First Star Academy? What behavior has this student demonstrated to you that show he/she will benefit from this opportunity.