



## **COLLEGE ACCESS NOW**

# Student Application Franklin High School

College Access Now (CAN) empowers students from low-income families to access, enroll and graduate from college at rates equal to their more advantaged peers.

Reginald Cole, Sr. Manager, Seattle - Franklin HS & Garfield HS  
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In order to apply, return the following documents to the CAN office:

- Completed, signed, and dated application
- Copy of student transcript/academic history
  - This can be obtained from the counseling

office

- Student Success Link Consent Form

The CAN office is open Monday-Thursday and is connected to the Counselor Office directly across from Room 205.



Student Application High School Graduation Year  2017  2018

STUDENT INFORMATION

Legal Name \_\_\_\_\_
Last/Family \_\_\_\_\_ First \_\_\_\_\_
Middle \_\_\_\_\_
Preferred name (if not first name) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_
Email Address: \_\_\_\_\_
Mailing Address \_\_\_\_\_
# \_\_\_\_\_ Street/P.O. Box \_\_\_\_\_ Apt \_\_\_\_\_

STUDENT BACKGROUND INFORMATION

Cumulative GPA:  Below 2.0  2.0-2.49  2.5-2.99  3.0-3.49  3.5-4.0
Dietary restrictions?  Vegetarian  Vegan  Kosher  Halal  Gluten Free  Other
Are you currently involved in any other college preparation program(s)? Check all that apply:
 College Success Foundation (CSF)  Dream Project  Juma  MESA  Rainier Scholars  Summer Search  TRiO Upward Bound  Y Scholars
Do you have any food allergies? If so, please list:
Are you signed up for the Washington College Bound Scholarship?  Yes  No  Unsure
Did you attend school outside the US?  Yes  No
If yes, where and which grades attended?
Are you married?  Yes  No
If yes, maiden name
Do you have children?  Yes  No
If yes, how many?
Are you currently experiencing homeless?  Yes  No
Have you experienced homelessness in the past?  Yes  No  Unsure
If yes, when and for how long?
Do you qualify for free or reduced lunch?  Yes  No
If yes, are you signed up for the Free/Reduced lunch program?  Yes  No
Do you live in a single parent household?  Yes  No
Are you a Foster Care Youth?  Yes  No
Are you an English Language Learner (ELL)?  Yes  No  Unsure
Do you have an IEP or 504?  Yes  No  Unsure
Additional Information? (Include any educational, physical, mental/emotional accommodations needed.)



APPLICANT DEMOGRAPHIC INFORMATION

This data will enable College Access Now (CAN) to better serve you. You are strongly encouraged to answer to the best of your knowledge. How would you describe yourself?

- African American/Black
- African American/Somalian
- Ethiopian
- Eritrean
- Oromo
- Caribbean:
- Pacific Islander
  - Guamanian
  - Native Hawaiian
  - Samoan
  - Other: \_\_\_\_\_
- I choose not to identify
- Asian
  - Cambodian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Laotian
  - Thai
  - Vietnamese
  - Other: \_\_\_\_\_
- Asian American
  - Native American or Alaska Native
- Caucasian/White
- Hispanic
  - Latino
  - Mexican
  - Mexican American
  - Chicano
  - Puerto Rican
  - Other: \_\_\_\_\_
- Middle Eastern
  - Iranian
  - Saudi Arabian
  - Other: \_\_\_\_\_

Do you identify as an immigrant to the United States?  Yes  No

Birthplace

\_\_\_\_\_  
City State Country

APPLICANT FAMILY INFORMATION

Does your family receive public assistance (SNAP, subsidized housing, etc.)?  Yes  No

If yes, please list all that apply:

\_\_\_\_\_  
Total number of family members living in your primary residence, including you

\_\_\_\_\_  
Is English the primary language spoken at home?  Yes  No

APPLICANT SIGNATURE

By signing below, I confirm my desire to obtain a post-secondary education. I understand that my success in College Access Now is based on my own effort and dedication to completing the program. I commit to attending CAN sessions once a week and, in the event that I am unable to attend, will visit the CAN office to receive the materials I missed. Finally, I certify that all the information provided on this application is correct to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_



PARENT/GUARDIAN INFORMATION SHEET

Guardian #1 Information

Name

\_\_\_\_\_

Relationship to student

\_\_\_\_\_

Does this student live with you?  Yes  No

No

Home Address (if different from student's)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

CAN staff will provide you with updates on your student's progress and information about parent meetings. How would you prefer to be contacted?

Day Phone  Evening Phone

Email

What is your primary language?

Guardian #2 Information

Name

\_\_\_\_\_

Relationship to student

\_\_\_\_\_

Does this student live with you?  Yes  No

No

Home Address (if different from student's)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Email Address

\_\_\_\_\_

CAN staff will provide you with updates on your student's progress and information about parent meetings. How would you prefer to be contacted?

Day Phone  Evening Phone

Email

What is your primary language?

By signing below, I hereby give permission for my son/daughter to participate in all College Access Now activities. I expect that the adult leadership will take reasonable precautions to ensure the safety of my child and absolve the adult leaders from liability for any accident or illness that might occur on this/these events.

In case of a medical emergency, if myself or my emergency contact cannot be reached, the adult leaders have my permission to act on my behalf to obtain emergency treatment for my son/daughter by any recognized hospital or doctor.

Parent/Legal Guardian Printed Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone Number (\_\_\_\_) \_\_\_\_\_ Evening Phone Number (\_\_\_\_) \_\_\_\_\_

**REQUIRED:** Please supply us with the name and contact information of an additional person whom we can contact in case of an emergency (Must be different from parent/guardian.)

Emergency Contact Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_



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### STUDENT RELEASE OF INFORMATION

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By signing below, I grant any official representative of College Access Now (CAN) permission to access and discuss my class standing, educational records, financial aid information, grades, test scores, transcripts, transfer records, or any other relevant information from my high school and/or any post-secondary institution that I apply to or enroll at in the future.

I authorize CAN to discuss my educational record and disclose my participation in the program to secondary and post-secondary school officials and representatives from other organizations with legitimate educational interest. I further authorize CAN to share demographic data about me (such as my name and birthdate) with the National Student Clearinghouse for the sole purpose of verifying enrollment and attendance at an institution of higher education.

I understand that CAN will take appropriate steps to secure and protect the information I provide and keep it confidential. Any sensitive or personally identifiable information will be removed, aggregated, or changed before being shared with donors or other organizations unless my authorization is given in advance.

Parent / Guardian Initial (if youth is 17 or younger): \_\_\_\_\_ Student: \_\_\_\_\_

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### STUDENT PHOTO RELEASE

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By signing below, I hereby give permission, without limitation or obligation, to College Access Now (CAN) to take and use photographs, videos, or other media content identifying myself or my child. I understand that this release constitutes my consent and permission for CAN to use, reproduce, publish, distribute, and display photographs, video or other media content identifying myself or my child for any lawful organizational purpose, without notification, consent or compensation, and that no payment or further permission will be required.

Parent / Guardian Initial (if youth is 17 or younger): \_\_\_\_\_ Student: \_\_\_\_\_

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### STUDENT PARTICIPATION IN EVALUATION

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By signing below, I grant any official representative of College Access Now (CAN) permission to survey and/or interview my child about the College Access Now program and its effects.

Any information we collect will be used only to assess the program. We will not use your child's name in any report. Participating in evaluations will not affect your child in school, the program, or in any other way and is completely voluntary, participants may withdraw at any time with no consequences.

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These authorizations will remain in effect until I revoke them or modify their terms, which I may do at any time by contacting College Access Now (CAN).

Parent / Guardian Signature (if youth is 17 or younger): \_\_\_\_\_

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Please feel free to direct any questions to College Access Now staff at:  
Reginald Cole, Senior Manager | reggie@collegeaccessnow.org | 206-379-6825