



Access Better Learning & Education
November 2009

APPLICATION FOR ADMISSION

Dear Access Better Learning & Education Applicant:

Thank you for your interest in Access Better Learning & Education. Enclosed you will find an application as well as some valuable information about this program. Please read the following carefully before submitting your application.

PROGRAM

Access Better Learning & Education seeks to increase the high school graduation rate of Boston's at-risk youths by offering them the opportunity to attend a quality private school by way of a sponsor. Sponsors are individuals who provide a financially and academically disadvantaged student with the opportunity of nonpublic school tuition, while sharing encouragement, guidance and advice during the student's four-year mission to earn their diploma. Sponsors pay a portion of their students' annual tuition, and agree to see their student between 4 and 6 times each year, calling their student once a month. Students are required to stay in touch with their sponsor, keeping them updated on their academic progress.

The program's success is the combination of a challenging education, a caring school community, and an involved and supportive sponsor to help students realize their full academic potential. Students continue to experience personal growth as they reach new academic heights, amazing their teachers, their parents, their sponsors, and often themselves.

LIST OF ABLE PARTNER SCHOOLS

Cathedral High School
Mount Saint Joseph (All Girls)
Trinity Catholic

List as of 11/3/2009 is subject to change without notice



ABLE REQUIREMENTS

Access Better Learning & Education seeks applicants entering 9th grade in the Fall of 2010 who demonstrate financial need and who are seeking to attend a tuition-based high school.

Additionally, please note the following:

- Most students who are accepted have attended public middle schools.
- Priority is given to students from low-income families.
- ABLE does not discriminate on the basis of religion, race, and/ or national origin.
- Students and their families, who are accepted into the program, are expected to pay a minimum of \$1,000 (subject to change) towards school tuition each year. Payments are made in accordance with each participating school. Please note that students may also have to pay school fees in addition to their tuition payment.

APPLICATION PROCESS

Filling out the attached application DOES NOT GUARANTEE ACCEPTANCE into Access Better Learning & Education. Applications are reviewed as they are received, so you are encouraged to complete the application as soon as possible.

The attached Application consists of four parts:

- Part 1: General Information & Candidate Form
- Part 2: Teacher Recommendation
- Part 3: Financial Aid Form
- Part 4: Consent and Attachments

As they are received, please send copies of high school acceptance and/or rejection letters, as well as letters indicating scholarships earned by the student.

ABLE REGISTRATION POLICY

Though applicants are given the opportunity to list their school preference, not every student accepted to ABLE is admitted to the Partner School of their first choice. Students who have not heard whether they are accepted to ABLE must not register with a Partner School unless they are prepared to pay full tuition at that school. Please note that most high school registration fees are non-refundable.



APPLICATION DEADLINE

Complete application is due December 18, 2009. Applications postmarked after December 18th will not be considered. Those students who are invited to interview with the program will be notified in mid-January, and final admissions decisions will be announced between January and March 2010.

MAILING THE APPLICATION

THE COMPLETE APPLICATION INCLUDING ALL SUPPORTING DOCUMENTATION MUST BE MAILED IN **ONE ENVELOPE** TO:

ABLE Boston
P.O. Box 990988
Prudential Post Office
Boston, MA 02199

Hand delivered, faxed and incomplete applications will not be considered. All parts of the application must be on single-sided 8 ½" X 11" (letter-size) paper. No parts of this application will be returned, regardless of the status. Do not send original documents; send photocopies instead. Applicants should keep a photocopy of the complete application for record-keeping purposes

The following documents must also be mailed in the same envelope as the application:

- a. One recent photo of the student.
- b. Sealed envelope containing the Teacher Recommendation.
- b. Complete proof of all household income (Copy of 2008 Federal Tax Forms and copies of current pay stubs from all jobs).
- c. Print-out of standardized math and reading test scores (i.e. MCAS, Stanford 9) (obtain from school's guidance counselor).
- d. Copies of the student's complete report card from 6th – 8th grade.



PART 1: General Information & Candidate Form

A. Student Information

Student's Full Name _____

Gender: M _____ F _____ Date of Birth _____ (MM/DD/YY)

Address _____ Apartment # _____ City _____ Zip _____

Last Name on Mailbox (if different than your own last name) _____

Home Phone (____) _____ Cell Phone (____) _____ Email _____ @ _____

If you do not have a phone, write the name & phone number of someone who can easily contact you.

B. Family Information

Full name(s) of parent(s)/guardian(s) _____

Relationship to candidate: _____

Work Phone: (____) _____ E-mail: _____ @ _____

Occupation: _____ Employer: _____

Full name(s) of parent(s)/guardian(s) _____

Relationship to candidate: _____

Work Phone: (____) _____ E-mail: _____ @ _____

Occupation: _____ Employer: _____

Full name(s) and age(s) of sibling(s) _____

Please tell us what language (other than English) you speak at home. _____



C. School Information

From the list of ABLE Partner Schools on the first page of instructions, write the **top 3 ABLE Partner Schools** that you would like to attend, **in order of preference**. *Only list schools that are involved with ABLE.*

NOTE: ABLE cannot always place students in the school of their choice.

1. _____ 2. _____ 3. _____

Name of school you are currently attending: _____

What grade are you in now? _____ Have you ever repeated a grade(s)? (Yes or No) _____

If yes, which grade(s): _____

Have you ever been dismissed from a school you were attending? (Yes or No) _____ If yes, why?

Which tuition-based schools do you plan to apply to?

Which public high schools do you plan to apply to?

If given my own choice today, independent of what my parent(s) want me to do, I would choose to attend:

(circle one of the following)

- a. a tuition-based high school
- b. a Boston public school



If not accepted to ABLE, I will (circle one of the following):

- a. find another way to pay tuition at a tuition-based high school
- b. attend an application-based public school
- c. have no other choice but to attend my local public high school

How did you hear about ABLE (circle the one that best applies)

- a. My current school
- b. My Church (Church name)_____
- c. Another organization in my community (organization name)_____
- d. My brother(s)/sister(s) who was/is an ABLE student (name)_____
- e. A relative who was/is an ABLE student (name)_____
- f. An ABLE Sponsor (name)_____
- g. A high school open house (school name)_____
- h. My social worker
- i. Word of mouth
- j. ABLE's website
- k. Other_____



D. Short Essays

1. Please write a brief autobiography of yourself. Include information about your family history and the community in which you live. (at least 4 sentences)

2. While describing some of your hobbies and talents tell us how you see yourself today. At the conclusion, name three goals you want to accomplish by the time you graduate from high school (in the next four years). (at least 4 sentences)

3. Do you participate in any youth organizations (community centers, basketball or baseball leagues, etc.)? If so, which ones?



4. Describe one thing you like and one thing you dislike about the school you currently attend (not including lunch and gym).

5. Complete the following: I want to attend an ABLE Partner School instead of public school & become a member of ABLE because _____.? (at least 4 sentences)

6. If you become an ABLE student, you will be matched with a sponsor who helps pay your tuition and acts as your role model for 4 years. Why do you think having a sponsor is important and what do you hope to learn from this person? (at least 4 sentences)



PART 2: Teacher Recommendation

Give this page and the following 2 pages to the subject teacher (English, Math, Science or Social Studies ONLY) you wish to recommend you.

Dear Recommender:

ABLE is a not-for-profit, non-sectarian program, offering four-year scholarships to students at tuition-based high schools. The program pairs each accepted student with an adult sponsor, who pays all except approximately \$1,000 (subject to change) of the student's tuition. The sponsor provides academic encouragement and advice, and students must maintain contact with their sponsors. As long as students meet the schools' standards of academic achievement and good conduct and actively maintains contact with their Sponsor, ABLE will pay their tuition throughout high school.

Applications are read as they are received. We appreciate your willingness to promptly fill out the recommendation form and return it to the applicant. The insights you provide will be very beneficial as the student's application is considered. Please answer the questions responsibly. Any ABLE student who is accepted, and then drops out, is not replaced with another student. Another young person, therefore, is deprived of this opportunity if the applicant is not serious about fulfilling his/her responsibilities while enrolled.

Only a CURRENT TEACHER in a major subject area who knows enough about the student on a personal and academic level to be able to answer all of the questions fully is qualified to fill out this recommendation. Teacher Recommendation Forms filled out by someone other than a current major subject teacher will not be accepted. The same individual must complete all questions on this particular recommendation form; more than one individual cannot write on the same recommendation form. If you cannot comply with the above stated requirements, please return the blank form to the applicant and ask him/her to seek a recommendation from another party.

You may attach any additional letters you like, but do not neglect to fully answer all questions directly on the following recommendation form.

Place your completed recommendation form in an envelope with the applicant's name on the front and your signature across its seal. Please return the envelope to the student; do not mail the recommendation form to ABLE. As the recommendation form is CONFIDENTIAL, remind the student that if s/he opens the recommendation envelope, s/he will automatically be disqualified as an ABLE applicant.

FYI: ABLE Requirements

Access Better Learning & Education seeks applicants entering 9th grade in the Fall of 2010 who demonstrate financial need and who are seeking to attend a tuition-based high school.

Additionally, please note the following:

- Priority is given to students who have attended public middle schools.
- ABLE does not discriminate on the basis of religion, race, and/ or national origin.
- Students and their families, who are accepted into the program, are expected to pay a minimum of \$1,000 towards school tuition each year. Payments are made in accordance with each participating school.
- December 18, 2009 is the application deadline.



PART 2: Teacher Recommendation

Part 2 must be completed by the student’s CURRENT teacher ONLY. This person should be able to comment on the student’s interests, abilities and potential. Please return this form to the applicant in an envelope with your signature across the seal.

This section to be completed by the student applicant (please print):

Student’s Name _____

Current School _____

Teacher’s Name _____ Telephone _____

What subject area do you teach the applicant? (circle one) English Mathematics Science Social Studies

How long have you known the applicant? _____

How well do you know the applicant on a personal level? (circle one) Fairly Well Well Very Well

Rate the applicant’s academic performance in relation to that of other students in your specific class, elaborating below (check one). Please elaborate below.

Below Average Average Above Average Exceptional Not Able to Comment



Has this student been dismissed, suspended or expelled from your class or school for any reason? (Yes or No)

Please elaborate. _____

Rate this applicant’s behavior in school and among peers, elaborating below. (check one)

- Behavior is Very
Poor
- Behavior is
Average
- Behavior is Better
Than Most
- Behavior is
Exceptional
- Not Able to
Comment

Briefly describe the applicant’s strengths and weaknesses (both scholastic and those of character).

Rate the applicant’s family’s involvement in his/her education. (check one)

- Not
Involved
- Involved
- Highly
Involved
- Exceptionally
Involved
- Not Able to
Comment

Rate the applicant’s family’s financial need relative to the other families in your school. (check one)

- Not
Needy
- Somewhat
Needy
- Very
Needy
- Financial Situation is
Grave
- Not Able to
Comment



Share relevant insights you have, if any, to the applicant’s family structure (specifically regarding the number of parents and siblings in the home), financial status and needs. Please be as specific as possible.

ABLE seeks to serve students who are at risk of dropping out of high school, but have the ability and desire to achieve academically. Do you believe that this applicant will be able to successfully complete their course of study in a tuition-based private high schools? Why or why not?

Our program requires that each student participant be matched with an adult sponsor who will serve as an academic role model for the student’s four years of high school. The student will be required to be responsive to his/her sponsor and to contact the sponsor regularly. Failure or unwillingness to do so may result in the termination of this student’s sponsorship. In your opinion, will the applicant fare well in this type of relationship? Please elaborate.



If you were making the final decision on awarding this applicant our scholarship, which would you choose? (check one). Please elaborate in the space below.

- Definitely accept: Will complete high school at a superior level
- Accept: Will struggle and will require assistance, but will complete high school
- Accept, with reservation: Concerned about ability and/or motivation to complete high school
- Reject: Will not work well with a sponsor and/or will not fare well in a disciplined academic setting.

RECOMMENDER SIGNATURE _____

DATE _____



PART 3: Financial Aid Form

Financial need is a criterion for all applicants to Access Better Learning & Education. ABL uses qualification in several State & Federal Programs as indicators of financial need. An application is incomplete until we receive a copy of the following qualifying documents or parents latest Tax Return.

1. Does your child qualify in the Commonwealth of Massachusetts for enrollment in the National School Lunch Program? (please circle one) YES NO

If Yes, please provide a copy of your child's lunch card pass or letter from the school.

2. Does your child qualify in the Commonwealth of Massachusetts for MassHealth Insurance? (please circle one) YES NO

If Yes, please provide a copy of the letter of acceptance or insurance card.

3. Does the parent/guardian the child lives with qualify for Federal Fuel Assistance Program in the Commonwealth of Massachusetts? (please circle one) YES NO

If Yes, please provide a copy of the letter of acceptance from the Commonwealth of Massachusetts.

If you feel your child fits the financial aid criteria to be a Scholar within the Access Better Learning & Education, but does not qualify with one of the programs above, please explain.

Household Income as stated on 2008 or 2009 tax return: _____



PART 4 : Consent & Attachments

A. Student Consent

By signing below, I declare that the information provided in this Student Application is true, correct and complete to the best of my knowledge and written in my own handwriting. I understand that if accepted to ABLE, it may be more difficult academically and stricter in terms of discipline than the school I now attend. I am committed to the challenge and will work to the best of my ability every day. I also understand that I will be paired with a sponsor who will act as my role model and academic coach throughout my high school career. I agree to maintain contact with my sponsor on a regular basis and fully participate in the relationship.

SIGNATURE OF STUDENT _____ DATE _____

B. Parental Consent

By signing below, I declare that the information provided in this Financial Statement is true, correct and complete to the best of my knowledge. I agree to send timely notice to ABLE of any significant change in family income, financial situation, or the receipt of other scholarships or grants. I understand that if my child is accepted to this program, s/he is expected to remain enrolled in her/his particular school until s/he graduates, unless asked to leave for academic or disciplinary reasons. I will fully support my son or daughter's participation in all aspects of the Access Better Learning & Education program and his or her school, should s/he be accepted. If accepted, I understand that my son/daughter will be required to be responsive to his/her sponsor and to contact the sponsor regularly.

If my child is accepted into Access Better Learning & Education, I hereby agree that any information pertaining to the educational and personal well being of my child may be provided ABLE and my child's sponsor. This includes report cards, progress reports, deficiency notices and other relevant information. If my child is accepted into ABLE, I agree to forward to ABLE a photocopy of his or her final 8th grade transcript at the conclusion of this 2009-2010 academic year. I understand that ABLE will continue to track my child's progress after high school, and consent to the release of educational records from my child's post-secondary educational institution(s). Lastly, I grant ABLE permission to publish my child's name and/or photograph in any medium



whatsoever that is in direct association with ABLE including, but not limited to, the ABLE website, Annual Newsletter, brochures and other marketing materials.

SIGNATURE OF PARENT _____ DATE _____

C. Attach the following with this written application:

1. One recent photo of the student
2. The sealed envelope containing the Teacher Recommendation.
3. Print-out of standardized math and reading test scores (i.e. MCAS, Stanford 9) (obtain from your child's guidance counselor).
4. A copy of the student's report card and transcript from grades 6-8.
5. Complete proof of all household income (Copy of 2008 Federal Tax Forms and copies of current pay stubs from all jobs).

Note: These documents must be mailed in the same envelope as the application