



**Parental / Legal Guardian Information Form**

**Must be submitted online with application by 4 p.m. on April 30, 2018; or received by mail by April 30, 2018**

The student applicant should complete the Student Applicant Information. All other information should be completed and the form signed by the parent or legal guardian. The student can scan the form as a PDF and upload online to submit with his/her online application; or it can be mailed to:

Give Kids A Chance • c/o Brian J. McDonough  
150 W. Flagler Street, Suite 2200 • Miami, FL 33130

**STUDENT APPLICANT INFORMATION:** *(To be completed by the student applicant)*

|  |  |                    |               |                     |  |
|--|--|--------------------|---------------|---------------------|--|
| <b>Last Name:</b>                      |  | <b>First Name:</b> |               | <b>Middle Name:</b> |  |
| <b>Date of Birth:</b>                  |  |                    |               |                     |  |
| <b>Student's Full Mailing Address:</b> |  |                    |               |                     |  |
| <b>Phone:</b>                          |  |                    | <b>Email:</b> |                     |  |

**PARENT / LEGAL GUARDIAN INFORMATION:** *(To be completed and signed by the parent or legal guardian)*

**I am the student applicant's Parent or Legal Guardian (Mark X):**

|                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Legal Guardian |
|---------------------------------|---|

**Current marital status (Mark X):**

|                                 |                                  |                                    |                                   |                                  |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed |
|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|----------------------------------|

**Household information:**

|   |  |
|---|--|
| Total size of parent's / legal guardian's household during 2018-19 will be: |  |
| Number of dependent children:   |  |
| Number of students presently in college:                                    |  |

Number of children at home of the following ages:

|                  |                          |                   |                          |                    |                          |                    |                          |
|------------------|--------------------------|-------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|
| 0 to 5 years old | <input type="checkbox"/> | 6 to 10 years old | <input type="checkbox"/> | 11 to 15 years old | <input type="checkbox"/> | 16 to 18 years old | <input type="checkbox"/> |
|------------------|--------------------------|-------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|

|  |  |
|--|--|
| Income earned during the past year by parent(s) or guardian(s)   |  |
| Social Security Benefits (do not include any education benefits) |  |
| Aid to Families with Dependent Children (AFDC)                   |  |
| Other untaxed income and benefits, e.g., Veteran's Benefits      |  |

**I hereby certify that the above information I have provided is true and accurate to the best of my knowledge.**

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



**High School Registrar's Form + Official Transcripts**

**Must be submitted online with application by 4 p.m. on April 30, 2018; or received by mail by April 30, 2018**

The student should complete the Student Applicant Information and then provide the form to the School Registrar. The Registrar should **complete the Registrar's Section and provide a copy of the student's official transcripts**. Grades downloaded from the internet and unofficial transcripts will not be accepted.

The student can either scan the form and the transcripts into a single PDF document to upload and submit with his/her online application; **OR** this form and official transcripts can be mailed to:

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150 W. Flagler Street, Suite 2200 • Miami, FL 33130

**STUDENT APPLICANT INFORMATION:** *(To be completed by the student applicant)*

|  |  |                       |  |                     |  |
|--|--|-----------------------|--|---------------------|--|
| <b>Last Name:</b>                      |  | <b>First Name:</b>    |  | <b>Middle Name:</b> |  |
| <b>Student ID #:</b>                   |  | <b>Date of Birth:</b> |  |                     |  |
| <b>Student's Full Mailing Address:</b> |  |                       |  |                     |  |
| <b>Phone:</b>                          |  | <b>Email:</b>         |  |                     |  |

|                              |  |
|------------------------------|--|
| <b>Official School Name:</b> |  |
| <b>Full School Address:</b>  |  |
| <b>School Phone Number:</b>  |  |

**REGISTRAR'S SECTION:** *(To be completed and signed by the School Registrar with student's official transcripts)*

|   |  |                           |  |
|---|--|---------------------------|--|
| <b>Registrar's Name:</b>  |  | <b>Phone + Extension:</b> |  |
| <b>Applicant's Class Rank: <i>i.e.</i> - <b>this student's rank is X in a class of Y students</b>. If no ranks are kept or not available, briefly explain how the school assesses the strength of a student relative to others in his/her class, and how the applicant student rates on this measure.</b> |  |                           |  |
| <b>What is the estimated percentage of students in the applicant's class who plan attend a 4-year college?</b>  |  |                           |  |

I hereby certify that the above information I have provided is true and accurate to the best of my knowledge.

Registrar's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Remember to provide a copy of the student's official transcripts with this form**



**Letter of Recommendation - Recommender Form**

**Must be submitted online with application by 4 p.m. on April 30, 2018; or received by mail by April 30, 2018**

**Student applicants must submit 2 Letters of Recommendation with a Recommender Form for each.** The student should complete the Student Application Information and then provide a Recommender Form to each of the two people providing a letter of recommendation.

The Recommender must complete the form along with providing his/her letter. The letters should be from a teacher or community representative. They should speak to the student's character, integrity, maturity, and independence and should state how the recommender knows the student and how long they've been acquainted with the student.

The student can either scan each form and related letter into a single PDF document to upload and submit with his/her online application, or mail the forms and letters to:

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150 W. Flagler Street, Suite 2200 • Miami, FL 33130

**STUDENT APPLICANT INFORMATION:** *(To be completed by the student applicant)*

|                                 |  |             |  |              |  |
|---------------------------------|--|-------------|--|--------------|--|
| Last Name:                      |  | First Name: |  | Middle Name: |  |
| Date of Birth:                  |  |             |  |              |  |
| Student's Full Mailing Address: |  |             |  |              |  |
| Phone:                          |  | Email:      |  |              |  |

**RECOMMENDER'S SECTION:** *(To be completed and signed by person providing letter of recommendation)*

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Recommender's Name:   |  |  |  |  |  |
| Recommender's Title:  |  |  |  |  |  |
| If Affiliation is a Teacher, indicate school subject:                     |  |  |  |  |  |
| If affiliation is a Community Representative, indicate your organization: |  |  |  |  |  |
| Length of time acquainted with the student:                               |  |  |  |  |  |

I hereby certify that the above information I have provided is true and accurate to the best of my knowledge.

Recommender's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Remember to include the Letter of Recommendation with this form**