



CENTER OF EXCELLENCE

Application of Participation



- National Achievers Society
 Academic Enrichment Center
 Brain Bowl Competition
 Believers Society
 Summer Enrichment Program

Date

Student Information

Social Security Number School ID Number

Last Name First Name MI

Date of Birth Place of Birth

Street Address

City State Zip

Telephone Emergency Contact

School Current Grade Cum. GPA

Class Enrollment: Regular Gifted Honors AP Dual Enrollment Special Education

Graduation Year Special Honors:

Plans to attend College Yes No If yes, name College

Ethnicity: African American White Hispanic Asian/P.I. Other Gender: Female Male
This information is helpful, but optional.

Family Information *(Confidential information used for demographic purposes only.)*

Live with: Mother Father Both Relative (Specify: _____) Other (Specify: _____)

Parent/Guardian Name:

Father's Home Phone: Work Phone:

Mother's Home Phone: Work Phone:

Father's Education: High School Graduate Vocational training College Degree Highest grade completed: _____

Mother's Education: High School Graduate Vocational training College Degree Highest grade completed: _____

Annual Household Income (check one): \$0-\$14,999
 \$15,000-\$24,999
 \$25,000-\$39,999
 \$40,000-\$49,999
 \$50,000-above

Public Assistance Yes No AFDC Yes No Total Number in Household _____

Free/Reduced Lunch: Yes No

Student Scholarship Information

Have you applied for: Florida Bright Futures Scholarship Yes No National Achievers Scholars Award Yes No

Scholarships Received:

PARENTAL CONSENT/RELEASE FORM

The Center of Excellence Program is a partnership with you, your child, and his/her church/community center and is designed to provide participants with educational assistance that may include tutoring, mentoring, skills building, and other training. Students also participate in community service projects, workshops, and field trips that are pertinent to their educational development. By signing below, you acknowledge the goals of the Program and grant permission for your child to participate and your child agrees to participate.

I hereby grant the Staff of the Center of Excellence Program permission to have access to my child's educational records and demographic information and to forward same to the Florida Education Fund, Inc., its parent organization.

Parent/Guardian Signature: Date:

Student Signature: Date:

FOR CENTER USE ONLY

Student Name	SSN:	Active <input type="checkbox"/>	Inactive <input type="checkbox"/>
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School and Testing Information

County Number	School Number
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Demographics: Urban/Inner City Rural/Outside City Limits

FCAT Math Test Score	FCAT Reading Test Score	FCAT Writing Test Score	FCAT Science Test Score
4 th Grade	4 th Grade	4 th Grade	4 th Grade
8 th Grade	8 th Grade	8 th Grade	8 th Grade
10 th Grade	10 th Grade	10 th Grade	10 th Grade
PSAT	SAT	1 st Score	Date
		2 nd Score	Date
		ACT	1 st Score
			2 nd Score
			Date

Additional Test(s) and Scores:

Student Scholarship Information

Bright Futures Recipient Yes <input type="checkbox"/> No <input type="checkbox"/>	Talented 20 Yes <input type="checkbox"/> No <input type="checkbox"/>	Brain Bowl Scholarship Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>
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College Attended

Military Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Branch	Trade School Yes <input type="checkbox"/> No <input type="checkbox"/>
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National Achievers Society

Achiever <input type="checkbox"/>	Believer <input type="checkbox"/>	Induction Date	
NAS Induction Grade Level	Induction GPA	School	Leadership Training Yes <input type="checkbox"/> No <input type="checkbox"/>
Believer Induction Grade Level	Induction GPA	School	

Academic Enrichment Center (AEC) Program

AEC Participant Yes No Student will be tutored or assisted in the following subject (s):

Subject(s)	Current Grade	Mid-Year Grade	Final Grade

Brain Bowl Competition: History and Culture **Mathematics**

History and Culture Pre-test Score	Post-test Score
Mathematics Pre-test Score	Post-test Score

Parent Association

Member Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:		
Parental Involvement Active <input type="checkbox"/> Inactive <input type="checkbox"/>	Community Service Projects	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Attend State NAS Summit Yes <input type="checkbox"/> No <input type="checkbox"/>	Fundraising	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Volunteer Brain Bowl Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent Association Officer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Volunteer NAS Inductions Yes <input type="checkbox"/> No <input type="checkbox"/>	Chaperone	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Volunteer AEC Yes <input type="checkbox"/> No <input type="checkbox"/>	Other _____		

Summer Enrichment Program
