

connections

Yesterday's journeys. Today's technology.
Tomorrow's leaders.

Application & Selection Process

1. Complete application form.
2. Submit a passport size photo with your application form.
3. Write a five hundred word essay answering ONE of the following prompts:
 - Explain what makes a great leader.
 - Think about a time when you faced a challenge. Write a story about that time, including how you dealt with the challenge and what the outcome was.
 - Think about an event in your life that taught you an important lesson. Write a narrative in which you tell what happened and how you learned a lesson

The essay must be typewritten, double spaced, using a 10-point font size. The essay must be submitted together with the application form.

4. Submit two recommendation forms. One recommendation form must be completed by a teacher or a school administrator. If the student is home schooled, the team leader of the home school association can fill out the form. The other nomination form must be completed by a community leader (i.e. someone from your place of worship, coach, camp counselor, Girl Scout/Boy Scout troop leader...). Both recommendation forms must be submitted together with the application form in separate sealed envelopes.
5. All application and recommendation forms will be reviewed by the *Connections UGRR* panel for consideration.
6. A letter will be sent to all students who will be invited for an interview with the *Connections UGRR* panel. There will be two dates scheduled for the interviews.
7. Final selection will be announced a week after all the interviews. A letter of acceptance will be sent to all successful applicants.
8. All successful applicants must complete the forms required to join the program and bring them to the program orientation on September 27, 2009 from 3:00 pm - 5:00 pm. Should a student fail to submit all required forms, another applicant from the waiting list will be asked to join the program.

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IMPORTANT NOTE FOR STUDENTS AND PARENTS/GUARDIANS: Applications for the CONNECTIONS Underground Railroad Project must be postmarked by September 8, 2009

Application Form

Clip Photo Here

A. About the Applicant:

Student's Name _____
Last First Middle

Name called, if different _____

Home Address _____
Street

_____ City State Zip

Home Phone () _____ Cell Phone () _____

Email Address _____

_____ Male _____ Female

Date of Birth _____

Place of Birth _____

Student's Ethnicity: _____ Caucasian _____ African American _____ Hispanic
_____ Asian American _____ Native American
_____ Middle Eastern American _____ Multi-Racial American
Other: _____

Are you a U.S. citizen? ____ Yes ____ No
If no, please explain your status _____

School Currently Attending _____

Current Grade _____

School Address _____
Street

_____ City State Zip

School Telephone _____

Other Schools Attended in the last five years:

School _____ Dates _____ Grade(s) _____

School _____ Dates _____ Grade(s) _____

School _____ Dates _____ Grade(s) _____

These questions are to be answered by the applicant. Your answers to these questions will help us get to know you. Be truthful and specific with your answers. You may attach a separate sheet of paper for additional information.

1. My favorite class in school is _____

2. My friends might describe me as _____

3. A weakness that I want to improve on is _____

4. My best talent and/or strength that I want to share is _____

5. What are your expectations from this program?

I hereby acknowledge that I completed the information on this application and it is accurate to the best of my knowledge.

Applicant's Signature

Date

B. General Information:

Preferred Salutation for Parents or Guardians _____
(Please indicate Mr., Mrs., Dr. , Ms. etc.)

Father's Name _____
First Middle Last

Home Address if other than above _____
Street

City State Zip

Home Phone if other than above () _____

Place of Employment _____ Occupation _____

Business Address _____
Street

City State Zip

Work Phone () _____

Mother's Name _____
First Middle Last

Home Address if other than above _____
Street

City State Zip

Home Phone if other than above () _____

Place of Employment _____ Occupation _____

Business Address _____
Street

City State Zip

Work Phone () _____

Please check one of the following:

Married Single Separated Divorced Parent Deceased

If separated or divorced, what is the legal custody arrangement?

With whom does the applicant reside?

Correspondence should be mailed to: _____

Does your child have behavior issues needed to be addressed? Yes No

If yes, please explain: _____

Has your child ever been assigned detention, been suspended, expelled, or had other disciplinary action taken? Yes No

If yes, please explain briefly: _____

What do you hope participation in this program will provide your child?

Parent's or Guardian's Signature: _____ Date: _____

<p>For Official Use Only:</p> <p>Date Received: _____</p> <p>Received By: _____</p>
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<p>Please mail to: CONNECTIONS Underground Railroad Project P.O. BOX 480871 Charlotte, NC 28269</p>

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SCHOOL RECOMMENDATION FORM

Student's Name: _____ Date: _____

Current Grade: _____ Age: _____ School: _____

Name of Person Recommending: _____

Name of School: _____

Position: _____

Phone No.: _____

How long have you known this student? _____

Class you taught student _____ Grade/s _____

This student: _____ Is struggling, but ready to overcome obstacles and develop needed skills.

_____ Has the potential to be a good leader, but has not fully applied his/her talents.

_____ Is already a strong leader.

Please describe briefly the social/emotional development level of this student.

General Evaluation	Superior	Good	Average	Poor	Unknown
Academic Potential					
Ability to Work Independently					
Organizational Skills					
Qualities of Leadership					
Time Management					
Creativity					
Writing Skills					
Reliability					

Personal Characteristics	Superior	Good	Average	Poor	Unknown
Courtesy					
Cooperation with peers					
Interaction with adults					
Sense of Humor					
Industriousness					
Citizenship					
Positive Attitude					
Maturity Related to Age					
Reaction to Adversity					

Has this student been a discipline challenge at the school? ____ Yes ____ No

If yes, please explain: _____

Please comment briefly about the student's:

1. Greatest strength and talent

2. Weaknesses

Please share any additional thoughts about this student which would help us in evaluating this application.

I would ... this student for this program.

strongly recommend **recommend** **recommend with reservation** **not at this time**

Signature of Teacher: _____ **Date:** _____

<p>For Official Use Only:</p> <p>Date Received: _____</p> <p>Received By: _____</p>
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COMMUNITY RECOMMENDATION FORM

Student's Name: _____ Date: _____

Current Grade: _____ Age: _____ School: _____

Name of Person Recommending: _____

Affiliation with Student: _____

Position: _____

Phone No.: _____

How long have you known this student? _____

This student: _____ Is struggling, but ready to overcome obstacles and develop needed skills.

_____ Has the potential to be a good leader, but has not fully applied his/her talents.

_____ Is already a strong leader.

Please describe briefly the social/emotional development of this student.

General Evaluation	Superior	Good	Average	Poor	Unknown
Academic Potential					
Ability to Work Independently					
Organizational Skills					
Qualities of Leadership					
Time Management					
Creativity					
Reliability					

Personal Characteristics	Superior	Good	Average	Poor	Unknown
Courtesy					
Cooperation with peers					
Interaction with adults					
Sense of Humor					
Industriousness					
Citizenship					
Positive Attitude					
Maturity Related to Age					
Reaction to Adversity					

Please comment briefly about the student's:

1. Greatest strength and talent

2. Weaknesses

3. Contribution/s to the community

Please share any additional thoughts about this student which would help us make the proper decision to accept this application.

I would ... this student for this program.

strongly recommend recommend recommend with reservation not at this time

Signature of Respondent: _____ Date: _____

For Official Use Only: Date Received: _____ Received By: _____
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PHOTO/VIDEO/WEB SITE RELEASE FORM

Dear Parent/Legal guardian:

*On occasion, representatives from the media or the **Connections Underground Railroad Project** wish to photograph, videotape, and/or interview students in connection with the project.*

In order to release student photos, video footage, comments and/or post on the organization's Web site, we need written permission. To give your consent, please complete the form below:

I, _____, parent/legal guardian of _____

give permission for my child to be photographed, videotaped, and/or interviewed by representatives from the media or **Connections Underground Railroad Project** for the purpose of publicizing the project. I authorize the use and reproduction by the **Connections Underground Railroad Project** of any and all photographs and/or videotapes taken of my child, without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, of the **Connections Underground Railroad Project**. Furthermore, I hereby consent that such photography, film, video recordings, videotapes and all other usual mediums, may be used free and clear of any claim whatsoever on my part.

Signature of Parent or Legal Guardian: _____ Date: _____

Address: _____

Signature of Subject: _____ Date: _____