COLLEGE BOUND RECOMMENDATION FORM
Kennesaw State University
July 10th – 14th

THIS FREE, RESIDENTIAL PRE-COLLEGIATE PROGRAM EXPOSES HIGH SCHOOL STUDENTS TO THE COLLEGE EXPERIENCE AND ENCOURAGES THEIR PURSUIT OF HIGH EDUCATION. College Bound is supported with funds from the nsoro Educational Foundation.

APPLICATION INSTRUCTIONS

➢ TO BE ELIGIBLE, A STUDENT MUST:
  • Be in foster care, a ward of the state, or emancipated
  • Be a rising 10th or 11th grade student
  • Have the desire to go to a college or a university

➢ INSTRUCTIONS
  • Complete all forms. Use a computer or print in blue or black ink: illegible applications will be disqualified.
  • Use the official application form.
  • Answer all questions. Confine your responses to the space provided.

➢ APPLICATION CHECKLIST (All applications must include the following items)

☐ APPLICATION

☐ TRANSCRIPT
  Attach a current transcript of your grades to this application. An unofficial transcript is acceptable.

☐ RECOMMENDATION FORM (in signed, sealed envelope)
  This form (attached) must be completed by an instructor or advisor. Write your name at the top, and give your recommender at least two weeks to complete it. Ask the recommender to return the form to you in a sealed envelope with his or her signature written across the seal. Leave the form sealed, and submit it with your application. Choose a recommender who can address the following:
  1) Academic record, plans, and goals
  2) Personal strengths including motivation, leadership, and commitment
  3) Community service and extracurricular activities

➢ DEADLINE May 5, 2017
  Mail application to below address:
  Mail by the postmark deadline to:
  Marcy Stidum, LCSW, MPA
  Associate Director for Counseling & Psychological Services
  Director for CARE Center
  Kennesaw State University
  Or scan and email application to: mstidum@kennesaw.edu

➢ FOR MORE INFORMATION, CONTACT:
  ➢ March Stidum at 470-KSU-6600 or Melissa Lewis mlewis19@kennesaw.edu
  ➢ Monica Pantoja at 404-524-0807 or by email at mpantoja@nsoro.foundation

Postmark Deadline: May 5, 2017
PERSONAL INFORMATION
First name: ___________________________________ Last name: ________________________________
Sex: □ M □ F Gender Identity: ______________________________________________________________
Birth date: ___________________________________ Age: ________________________________
Address: ____________________________________________________________
City, ST: ________________________________ Zip Code: ________________________________
Legal County: ___________________________________ County of residence: ______________________________________
Your Phone: ___________________________________ Your Email: ______________________________________
Case manager phone: ___________________________________ Case manager email: ______________________________________
High School: ___________________________________ Current Grade: □ 9th □ 10th □ 11th □ 12th
T-shirt Size: □ S □ M □ L □ XL Gender: □ M □ F

EDUCATIONAL GOALS
1) If you have thought about continuing your education, list the colleges of universities where you would like to enroll:
   1) Institution: ___________________________________ City, ST: ___________________________________
   2) Institution: ___________________________________ City, ST: ___________________________________
   Desired Career: ___________________________________

2) Do you work during the school year? □ Yes □ No Business/Organization: ________________________________
   What are your primary duties? ________________________________________________________________

COMMUNITY SERVICE / VOLUNTEER ACTIVITIES / EMPLOYMENT
1) List any service activities in which you participated (e.g. babysitting, clubs, or sports). If the list exceeds the allotted space, feel free to attach an extra sheet.
   ➢ Activity/organizations Your role/Position From/To (mm/yy) Hours per week
   ________________________________________________________________

COMMUNITY SERVICE / VOLUNTEER ACTIVITIES / EMPLOYMENT
2) List any service activities in which you participated (e.g. babysitting, clubs, or sports). If the list exceeds the allotted space, feel free to attach an extra sheet.
   ➢ Activity/organizations Your role/Position From/To (mm/yy) Hours per week
   ________________________________________________________________

COMMUNITY SERVICE / VOLUNTEER ACTIVITIES / EMPLOYMENT
3) List any service activities in which you participated (e.g. babysitting, clubs, or sports). If the list exceeds the allotted space, feel free to attach an extra sheet.
   ➢ Activity/organizations Your role/Position From/To (mm/yy) Hours per week
   ________________________________________________________________

Postmark Deadline: May 5, 2017
MEDICATION/COUNSELING INFORMATION:
Will you have medication with you to be administered during the nsoro College Bound Program? □ Y □ N
*If yes, please provide information* (Please note all medication dispensing will be supervised)

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<th>Medication Name</th>
<th>Dosage (mg)</th>
<th>AM/PM</th>
<th>How many times daily?</th>
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GENERAL INFORMATION:

1) How did you hear about the nsoro College Bound/Pre-Collegiate Summer Camp?

2) If you are returning, what made you decide to attend this year?

3) What are your dreams after high school? How will attending this camp help?

4) What are your concerns about life after graduation?

REQUIRED APPLICANT CERTIFICATION AND RELEASE OF INFORMATION
Applicant must read and sign below to be eligible:
• I certify that all information on this application is true and complete to the best of my knowledge.
• I certify that I meet all eligibility requirements as specified on this application.
• I hereby authorize the nsoro Foundation to share my application for the purpose of evaluation, recruitment, public relations, possible scholarship and internship opportunities, or any other related activity.
• I understand that I must notify the nsoro Foundation of any change in my address or contact information.

1) Applicant’s name: ____________________________________________
   Signature: ____________________________________________ Date: __________________________

2) Guardian’s name: ____________________________________________
   Signature: ____________________________________________ Date: __________________________

The student named above is applying to College Bound: The nsoro Pre-collegiate Program. This evaluation is a critical component of our decision regarding acceptance into the program. Please complete both parts of this form, and return it to the student in a signed, sealed envelope. The student must submit all application materials by the postmark deadline: May 2, 2017.

NOTE: If the recommender is initiating the application for a student, state why you think this student merits consideration for the nsoro Precollegiate Program.

Postmark Deadline: May 5, 2017
COLLEGE BOUND RECOMMENDATION FORM

Applicant’s Name:____________________________________________________________________

PART 1: REFERRED BY INFORMATION

1) Name: ___________________________________________ Professional Title: _______________________

2) Institution/Company: _________________________________________________________________

3) Address: ____________________________________________
   City, ST: __________________________________________ Zip Code: ___________________________

4) Phone: ___________________________ 5) Email: ______________________________

6) How do you know the applicant? ______________________________________________________

7) How long have you known him/her? □ < 1 yr. □ ≈ 1 yr. □ < 2 yrs. □ 2± yrs.

8) How well do you know him/her? □ Casually □ Fairly well □ Well □ Very well

PART 2: WRITTEN EVALUATION

In an attached letter, please describe specific instances of abilities, skills, and attributes, including any limitations as well as strengths, for the following areas:

- Academic habits (e.g. challenges oneself, manages time well, utilizes academic support networks)
- Leadership (e.g. ability to lead & motivate others)
- Motivation & long-term goals (e.g. sets realistic goals & develops strategies for completing them)
- Self-awareness / self-concept (e.g. understanding of personal strengths & weaknesses)
- Community involvement (e.g. family, school, community, or extracurricular activities)

Referred By Signature:__________________________________________________________ Date: ____________

More information on the College Bound program is available at www.thenf.org.