



**Alpha Kappa Alpha Sorority, Incorporated  
RHO THETA OMEGA CHAPTER  
Philadelphia, Pennsylvania**

**ASCEND<sup>SM</sup> Mentoring Program  
2015-2016 Program Year**

**To Applicant/Parent(s)/Guardian(s):**

The **A.S.C.E.N.D. Mentoring Program** is Alpha Kappa Alpha Sorority, Incorporated's signature youth enrichment program. It is designed to motivate, engage and assist both male and female high school students in reaching their maximum potential.

**ASCEND** will focus on:

- A**chievement
- S**elf-Awareness
- C**ommunication
- E**ngagement
- N**etworking
- D**evelopmental Skills

A unique feature of the ASCEND program is one-on-one mentoring. Each participant will have a Mentor assigned to him/her while they are in the program. Participants in the **ASCEND Mentoring Program** will have an opportunity to receive academic enrichment and life skills training to support their journey to college or vocational employment. Additionally, participants will be exposed to various arts & cultural and community service activities, which can be used for high school community service credits.

Sincerely,  
The **ASCEND<sup>SM</sup> Mentoring Program Committee**



# ASCEND Application Packet

## Parental Consent & Responsibility

As the parent or legal guardian of \_\_\_\_\_ (hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his participation in the ASCEND program.
2. I acknowledge that she/he will be enrolled in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent (new applicants must be matriculating in 9<sup>th</sup>-12<sup>th</sup> grade at the time of participation). Students with less than a “C” average will be placed on probation and must show improvement to remain in the program.
3. I am aware that upon application to the ASCEND program, I must provide a copy of her/his most recent grade report.
4. I understand that program membership may be revoked after three unexcused absences from meetings and activities within an academic year and I must notify the ASCEND program personnel of any absence.
5. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for career and/or college which will also include community service and cultural enrichment activities.
7. I understand that it is my responsibility to make sure that she/he is present at all program activities.
8. I authorize permission for her/him to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
9. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the ASCEND program personnel.
10. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
11. I authorize the ASCEND program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
12. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel in print or electronic media used to promote the program.
13. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
14. I relieve Alpha Kappa Alpha Sorority, Inc. and ASCEND program personnel from any liability that may arise during her/his involvement in the ASCEND program meetings and activities.
15. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel.
16. Termination of a student’s involvement in ASCEND will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

Parent/Legal Guardian Printed Name	Relationship to Applicant/Participant	Date
Parent/Legal Guardian Signature	Contact Number	Email



## Student Code of Conduct & Responsibility Contract

As a participant of the ASCEND program:

1. I agree to abide by the rules and regulations set forth by the ASCEND personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application.
5. I will remain in good academic standing with a cumulative minimum average of a "C" or its equivalent.
6. I understand that my membership may be revoked after three unexcused absences from meetings and activities within an academic year and that I must notify the ASCEND program personnel of any absence.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities that seek to prepare me for a career and or college attendance.
9. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the ASCEND program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc. and ASCEND program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel.
14. I will evaluate the ASCEND program when requested.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the ASCEND program.

\_\_\_\_\_  
Student/Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/Applicant Signature

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Email



# ASCEND Application Packet



## ASCEND Program Student Application Form

### Applicant Information

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Level : \_\_\_ 9<sup>th</sup> Grade (Freshman) \_\_\_ 10<sup>th</sup> Grade (Sophomore) \_\_\_ 11<sup>th</sup> Grade (Junior) \_\_\_ 12<sup>th</sup> Grade (Senior)

High School Name \_\_\_\_\_

High School Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Current GPA (if applicable) \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

### Career Interest (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture, Food & Natural Resources                   | <input type="checkbox"/> Human Services (e.g., Social Work, Counseling)                            |
| <input type="checkbox"/> Architecture & Construction                             | <input type="checkbox"/> Information Technology  |
| <input type="checkbox"/> Arts  | <input type="checkbox"/> Law, Public Safety, Corrections & Security                                |
| <input type="checkbox"/> Audio/Visual Technology                                 | <input type="checkbox"/> Management & Administration   |
| <input type="checkbox"/> Communications  | <input type="checkbox"/> Manufacturing   |
| <input type="checkbox"/> Business  | <input type="checkbox"/> Marketing   |
| <input type="checkbox"/> Education & Training                                    | <input type="checkbox"/> Military Services (e.g., Army, Marines, Navy, or Reserves)                |
| <input type="checkbox"/> Finance Planning  | <input type="checkbox"/> Science, Technology, Engineering & Math (STEM)                            |
| <input type="checkbox"/> Government & Public Administration Planning             | <input type="checkbox"/> Transportation, Distribution & Logistics                                  |
| <input type="checkbox"/> Health Science (Medicine, Dentistry, Nursing, Pharmacy) | <input type="checkbox"/> Vocational Trade (e.g., Automotive, Construction, Industrial, Technician) |
| <input type="checkbox"/> Hospitality & Tourism                                   | <input type="checkbox"/> Other   |

### Parental/Legal Guardian Information

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Home Number) (Cell Number)

### Emergency Contacts

Name \_\_\_\_\_  
(Last Name) (First Name)

Name \_\_\_\_\_  
(Last Name) (First Name)

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_



# ASCEND Application Packet



Please list any extracurricular activities and interests.

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College interest(s):

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Do you participate in any other programs/activities that meet on Saturdays? (If yes, please list program(s)).

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Do you have a part-time job? If yes, how many hours per week do you work?

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Successful participation in the **ASCEND<sup>SM</sup> Mentoring Program** includes a commitment to attend all programs and to obtain transportation to the program venue(s). Each accepted participant and their parent/guardian will be invited to a Program Launch meeting to review the overall program, detailed expectations for the program, and to sign program commitment forms.

Participants with two (2) or more unexcused absences will be excluded from the program and ineligible for future participation in the program. By reading the above information and signing below, you hereby give your child permission to participate in activities or events sponsored by the **ASCEND Mentoring Program**. Your signature also signifies your willingness to support your child's involvement in the program. In order to reapply to the program, your child must be entering grades 9th through 11<sup>th</sup> in the Fall of 2016.

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**Applicant Signature** **Date**

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**Print Applicant Name**

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**Parent/Guardian Signature** **Date**

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**Print Parent/Guardian Name**

## Additional Required Information



1. Participants must provide a Personal Statement (500 words or less) briefly describing yourself, why you would like to participate in the **ASCEND<sup>SM</sup> Mentoring Program** and how you would benefit from participation.
2. Please have an adult (non-family member) complete the attached “**Recommendation Form**”.

**Please submit the entire Application Packet, Personal Statement, and Recommendation Form by July 31, 2015.**

**Applications should be mailed to:**

Alpha Kappa Alpha Sorority, Inc.  
Rho Theta Omega Chapter  
ATTN: **ASCEND** Mentoring Program  
P.O. Box 27147  
Philadelphia, PA 19118-0147

If you have any questions, please notify either Ms. Linda Medley at (215) 869-1163 or Mrs. Ruth Stroman at (267) 997-6636.

***Note: All information on this Application is confidential and for program use only. Any unauthorized review, use, disclosure, forwarding or distribution is prohibited.***

# Recommendation Instruction Page



## To the Applicant:

Please provide this Recommendation Form to an individual (non-family member) whom has known you for a period of at least one (1) year. You should submit this completed form with your application.

## To the Recommender:

The **A.S.C.E.N.D. Mentoring Program** is Alpha Kappa Alpha Sorority, Incorporated's signature youth enrichment program. It is designed to motivate, engage and assist both male and female high school students in reaching their maximum potential. **ASCEND** focuses on **A**chievement, **S**elf-Awareness, **C**ommunication, **E**ngagement, **N**etworking, and **D**evelopmental Skills.

Participants in the **ASCEND Mentoring Program** will have an opportunity to receive **academic enrichment** and **life skills training** to support their journey to college or vocational employment. Additionally, participants will be exposed to various arts & cultural and community service activities. Our graduates are better prepared to face today's challenges with a heightened sense of self awareness and an enhanced understanding of life management.

Please answer all questions based on your personal knowledge of the Applicant. Upon completion of the Recommendation Form please return it to the Applicant, so they may return it to the **ASCEND Mentoring Program** with their Application.

Sincerely,

The **ASCEND<sup>SM</sup> Mentoring Program Committee**



**Alpha Kappa Alpha Sorority, Incorporated  
RHO THETA OMEGA CHAPTER  
Philadelphia, Pennsylvania**

**ASCEND<sup>SM</sup> Mentoring Program  
2015-2016 Program Year Recommendation Form**

**Name of Applicant:** \_\_\_\_\_

**Name of Recommender:** \_\_\_\_\_

1. How long have you known the Applicant and in what capacity?
  
  
  
  
  
2. What characteristics do you consider to be talents and strengths of the Applicant?
  
  
  
  
  
3. What characteristics do you consider to be limitations of the Applicant?
  
  
  
  
  
4. How do you think the Applicant would benefit from participating in the ASCEND Mentoring Program?
  
  
  
  
  
5. Please provide any additional comments that you believe would be helpful in assessing the Applicant for participation in the ASCEND Mentoring Program?