



## **Teen Achievers**

### **IN BUSINESS & INDUSTRY**

*The Milwaukee Y's Black Achievers program is a national college readiness initiative designed to help teens of color set and pursue high educational and career goals. The name "Black Achievers" represents and describes the historical origin and mission. Today, however, the YMCA Black Achievers program is like the national YMCA movement, multi-racial and gender-balanced.*

#### **Program Activities Include:**

- ACT Prep (*limited*)
- College Tours
- Leadership Conferences/Workshops
- Character/Personal Brand Development
- Mentoring from area Professionals
- World of Works Tours
- Center Meetings
- Community Service
- Social Events

#### **Membership Requirements:**

- Maintain a 2.5 Cumulative GPA
- Provide quarterly updates on grades*

#### **Teen Achiever Program Application**

**Fee—\$30**

(August-June participation)

**ALL FEES ARE NON-REFUNDABLE**



**FOR OFFICE USE ONLY**

Date Application Received \_\_\_\_\_  
 Membership: \_\_\_\_\_ Family \_\_\_\_\_ Youth Center \_\_\_\_\_  
 Payment: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Membership ID \_\_\_\_\_

**TEEN ACHIEVERS MEMBERSHIP APPLICATION**

<b>Name:</b>		Gender (M or F):
Date of Birth:	Home Phone:	Cell Phone:
Email:	Facebook:	Twitter or Snap Chat:
Current Address:		
City:	State:	Zip:
Current School:		
City:	State:	Zip:
Grade (circle one): 9 10 11 or 12	Cumulative GPA:	ACT or SAT Score:

**PARENT INFORMATION**

<b>Parent Name:</b>		Date of Birth:
Address: ( if different from student)		Preferred number to call:
City:	State:	Zip:
Place of Employment:		Work number:
Email Address:		

**EMERGENCY CONTACT**

<b>Name:</b>		
Address:		Phone:
City:	State:	Zip:
Relationship:		

**CAREER INTEREST**

Please indicate two or three careers you would be interested in learning more about:

___ Engineering	___ Information Technology	___ Journalism/ Communication	___ Health Care
___ Business	___ Entrepreneurship	___ Fine Arts	___ Vocational/ Technical
___ Law/ Government	___ Education	___ Other:	

**PERSONAL DEVELOPMENT**

Please indicate which areas you need assistance with :

___ Study skills	___ Test taking skills	___ Time Management
___ Tutoring	___ Writing	___ Reading/Comprehension

<b>Student Signature:</b>	Date:
<b>Parent Signature:</b>	Date:



# PARENT PROFILE

**Name:** \_\_\_\_\_ **College Graduate(Yes or No):** \_\_\_\_\_

*Our mission is to support and encourage students of color in the areas of academics, career exploration, college preparation, and leadership development.*

In 50 words or less please explain your interest for wanting your child to participate in the Black Achievers program. **(New applicants only)**


## PARENT INVOLVEMENT

Parental involvement is key to making our program successful. Parent participation is required. Please indicate which activities you are interested in providing support when needed.

_____ Registration	_____ Stuffing Envelopes	_____ Hospitality
_____ Communications	_____ Special Projects & Events	_____ Other

## ACADEMIC RELEASE

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ do hereby give permission to the Wisconsin School Systems of Parochial School Systems to release my child's Grade Point Average/Report Card following each grading period. I understand that the records will be kept strictly confidential and are for the sole purpose of assisting my child according to his/her educational needs.

**Please note that the following information will be strictly confidential:**

Family income level: (Please Check One)

_____ \$0-\$9,999	_____ \$10,000-\$14,999	_____ \$15,000-\$22,999
_____ \$23,000-\$33,999	_____ \$34,000-\$49,999	_____ \$50,000-\$74,999
_____ \$75,000 or more.		

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_