

# 2018 New York Cares Sophomore Skills Program

## Student Application



Sophomore Skills provides intensive, small-group tutoring in math and English – the key areas tested on the SAT and on Regents exams. You are applying to participate in this tutoring program, which meets 2 hours, one day each week, from March through May/June, and is **FREE!**

This program can be of great benefit to you, if you take it seriously. You will need to prioritize your participation in Sophomore Skills to achieve balance between tutoring, your schoolwork, and your other commitments. The tutors who will be working with you are New York Cares volunteers. They are **not** getting paid, and they want to see you succeed. Please respect their time and effort by attending **all** scheduled tutoring sessions, completing **all** homework assignments, and working enthusiastically with them.

**Please print ALL answers.**

Full Name (First, MI, Last): \_\_\_\_\_

Birth date (MM/DD/YY): \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Residential Address: (Street) \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Expected Graduation date (MM/YY): \_\_\_\_\_

Please check the statement that currently applies to you:

- I have never been enrolled in the Free or Reduced-Priced Lunch program.
- I am currently enrolled in the Free or Reduced-Price Lunch program.
- I was enrolled in the Free or Reduced-Price Lunch program, but I am no longer enrolled.

Have you ever taken the PSAT/NMSQT?

- No
- Yes – If yes, what was your combined score? \_\_\_\_\_

What language did you learn to speak first? \_\_\_\_\_

Please list the languages in which you are fluent: \_\_\_\_\_



Does your parent(s)/legal guardian(s)/speak fluent English?

- No
- Yes
- Not applicable

Do you have Internet access?

- No
- Yes – If yes, where? \_\_\_\_\_

Will you be a first-generation college student?

- No
- Yes
- Not applicable

How often do you use the Internet?

- Every day
- Several times a week
- Several times a month
- Never

Have you started researching colleges/universities?

- No
- Yes – If yes, where? \_\_\_\_\_

Why do you want to go to college? (If you need additional space, please attach extra sheets of 8.5" X 11" paper to the end of the application.)

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What do you hope to achieve by participating in Sophomore Skills?

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**NEW YORK CARES SOPHOMORE SKILLS PROGRAM  
PHOTO RELEASE**

I hereby authorize New York Cares, Inc. to use film, video or photographs of myself or my child taken by New York Cares, Inc. or its agent and/or information about and quotes by myself as produced in my interview with New York Cares, Inc. or its agent in such manner as deemed appropriate for the purposes of publicizing the operation of New York Cares, Inc. or for the solicitation of contributions in New York State.

I further grant consent for the above to be released to an external media organization for the purposes of publishing, broadcasting or otherwise disseminating such information to the public.

I further grant permission to New York Cares, Inc. to release my/my child's name to such media organization.

I hereby release, discharge and agree to hold harmless New York Cares, Inc., its affiliates, and their respective officers, directors, representatives, successors and assigns from any and all claims, damages or liabilities pertaining to the use of the above information. I understand that this Information and Photo Release will be binding upon me and my representatives.

**I have read the foregoing and fully understand the contents thereof.**

Signature of Participant or Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Child (if applicable): \_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

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



**NEW YORK CARES SOPHOMORE SKILLS PROGRAM  
STUDENT CONTRACT**

Please read the following statements carefully, and as you read each one, please check the box to indicate that you understand to what you are committing yourself.

I, \_\_\_\_\_, agree to:  
(Student's name – please print legibly)

- Attend all scheduled Sophomore Skills sessions from February through May 2017.
- Arrive at all tutoring sessions on time with my study materials.
- Do all homework and always arrive at tutoring sessions prepared and ready to learn.
- Notify my program contact (prior to the fact, if possible) if I will not be able to attend a tutoring session and provide an explanation.
- Take both the pre- and post-test.

I promise to do my best and work hard throughout my involvement in the 2017 New York Cares Sophomore Skills program. I understand that if I fail to fulfill these commitments, I may be asked to forfeit the materials and leave the program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**NEW YORK CARES SOPHOMORE SKILLS PROGRAM  
STUDENT CONTRACT – STUDENT COPY**

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_