



# **YMCA BLACK ACHIEVERS**

## **IN BUSINESS & INDUSTRY TEEN MEMBERSHIP APPLICATION**

Membership Requirements:  
\$25 Application Fee  
Maintain a 2.0 Cumulative GPA  
Attend 90% of program meetings and activities  
Submit quarterly report cards

*Mission: To support and encourage African American youth in the areas of academics, career exploration, college preparation, and leadership development.*



# YMCA BLACK ACHIEVERS

## FOR OFFICE USE ONLY

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

## TEEN ACHIEVERS MEMBERSHIP APPLICATION

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

Date of Birth	Email:	Phone:
Current Address:		
City:	State:	Zip:
Current School:		
City:	State:	Zip:
Grade level (circle one): 9 10 11 or 12	Cumulative GPA:	ACT or SAT Score:

### PARENT INFORMATION

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

### EMERGENCY CONTACT

Name:		
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	___ Communications/ Journalism	___ 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
Student Signature:	Date:	
Parent Signature:	Date:	



# YMCA BLACK ACHIEVERS

## STUDENT PROFILE

Name:

School:

GPA:

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

In 50 words or less please explain your interest for wanting to participate in the Black Achievers program.

Please indicate your race:

\_\_\_\_\_ African American

\_\_\_\_\_ Asian/ Pacific Islander

\_\_\_\_\_ Hispanic/ Latino

\_\_\_\_\_ American Indian/  
Alaska Native

\_\_\_\_\_ White

\_\_\_\_\_ Other

## PARENT PROFILE

Name:

*Our mission is to support and encourage African American youth 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.


## 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

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

Family income level: (Please Check One)

_____ \$0-\$11,999	_____ \$12,000-\$14,999	_____ \$15,000-\$24,999
_____ \$ 25,000-\$49,999	_____ \$50,000-\$74,999	_____ more than \$75,000

Parent/Guardian Signature:

Date:

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