



## **Bridge Program**

### **Membership Requirements:**

Maintain a 2.5 Cumulative GPA

Submit quarterly report cards

### **Black Achiever Bridge Program Application Fee—\$10**

(10 Month Program participation required)

### **ALL FEES ARE NON-REFUNDABLE**

*Mission: To provide middle school teens opportunities to explore and develop their talents, while gaining critical skills for high school, college, work and beyond.*



**FOR OFFICE USE ONLY**

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

## BRIDGE PROGRAM MEMBERSHIP APPLICATION

<b>Name:</b>		Gender (M or F):
Date of Birth:	Home Phone:	Cell Phone:
Email:	Facebook:	Twitter:
Current Address:		
City:	State:	Zip:
Current School:		
City:	State:	Zip:
Grade (circle one): 7 <sup>th</sup> or 8 <sup>th</sup>	Cumulative GPA:	

### 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:		

### PERSONAL DEVELOPMENT

Please indicate which areas you need assistance with :		
_____ Study skills	_____ Test taking skills	_____ Time Management
_____ Tutoring	_____ Writing	_____ Reading/Comprehension
_____ Social Skills	_____ Conflict Resolution	_____ Other

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

Please indicate your race:		
_____ African American	_____ Asian/ Pacific Islander	_____ Hispanic/ Latino
_____ American Indian/ Alaska Native	_____ White	_____ Other

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_____African American	_____Asian/ Pacific Islander	_____Hispanic/ Latino
_____American Indian/ Alaska Native	_____ White	_____ Other

## PARENT PROFILE

<b>Name:</b>	<b>College Graduate(Yes or No):</b>
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*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.  
**(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 or 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.

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