



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 introduce middle school teens to opportunities which will develop the talents and skills necessary for high school through leadership and character building activities.



FOR OFFICE USE ONLY

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

BRIDGE PROGRAM MEMBERSHIP APPLICATION

Name:		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 th or 8 th	Cumulative GPA:	

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:		

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

Please indicate your race:		
_____African American	_____Asian/ Pacific Islander	_____Hispanic/ Latino
American Indian/ Alaska Native	_____ White	_____ Other

PARENT PROFILE

Name:	College Graduate(Yes or No):
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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.

Parent/Guardian Signature:	Date:
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