

Name: _____

High School: _____



2019 Student Application

College Visions is a **FREE** program that provides low-income and first-generation students with one-on-one advising and resources to get in, succeed, and graduate from college. Beginning the summer before senior year of high school, students are assigned a CV advisor and work on college essays, resumes, scholarships, the financial aid process, and more. CV students participate in weekly meetings with their advisor, attend college visits, receive SAT fee waivers, and engage in workshops focused on the college process. Once admitted into college, our students receive support throughout their college career until they graduate.

Eligibility Requirements:

- 11th grader from a public high school
- Qualify for free or reduced lunch at school
- Parents/guardians have not earned a Bachelor's degree from the U.S.
- NOT participating in another college support program (College Crusade, ETS, Upward Bound)

PRIORITY DEADLINE - April 1st

FINAL DEADLINE - May 1st

Ways To Submit Your Application

Email	Mail or Drop off	Fax
Subject: CV Application emgo@collegevisions.org	College Visions 131 Washington Street, Suite 205 Providence, RI 02903	401.415.6066 Attn: Program Director Emily Gonzalez
Online If you prefer, you can apply online at www.bitly.com/cvcap20		

Application Checklist:

- Completed application form
- Short Essay
- Copy of your high school transcript (you can get a copy from Guidance Office)
- Optional:* Copy of your family's 2017 or 2018 tax forms

Questions? Contact us by phone at **401.490.3996** or by email at emgo@collegevisions.org
Check out our website at www.collegevisions.org

STUDENT INFORMATION		
Full Name:		Birth Date:
Address:	City:	Zip Code:
Home Phone Number:	Cell Phone Number:	
Email Address:		
Gender	Personal Gender Pronouns (ex. She/hers he/his, they, ze)	
Citizenship Status: *CV accepts ALL students regardless of status. <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Deferred Action (DACA) <input type="checkbox"/> Refugee <input type="checkbox"/> Other	Nationality (List all that applies): Ex. Dominican, Cambodian, Irish...	
	Place of Birth (City, State, Country):	
	If born outside the US, how many years have you been in the US?	
How did you hear about College Visions?		
Is there anything else you would like to share with us about your identity?		

HIGH SCHOOL INFORMATION	
High School:	GPA:
Guidance Counselor:	Counselor's Email:
What classes do you plan to take senior year? Please note if it is college prep, honors, AP, ESL.	
<div style="border: 1px solid black; height: 40px;"></div>	
Do you have a documented learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you in an English as a Second Language (ESL) program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken the PSAT or SAT? <input type="checkbox"/> P/SAT: Reading: _____ Math: _____	If not, are you signed up to take it at later date? <input type="checkbox"/> May <input type="checkbox"/> June

EXTRACURRICULAR INFORMATION

List all extracurricular activities you participate in, including clubs, sports, jobs, & youth organizations.

Position	Activity	Hours/Week:

Do you have any talents, special interests, or hobbies?

Do you participate in any of these community based-organizations?
(Please check all that apply):

<input type="checkbox"/> Young Voices	<input type="checkbox"/> Community Music Works	<input type="checkbox"/> Breakthrough Providence
<input type="checkbox"/> New Urban Arts	<input type="checkbox"/> Youth in Action	<input type="checkbox"/> Providence Student Union
<input type="checkbox"/> PrYSM	<input type="checkbox"/> Beat the Streets Providence	

Do you participate in any of the following programs? (Please check all that apply)

<input type="checkbox"/> ETS	<input type="checkbox"/> College Crusade of RI	<input type="checkbox"/> Upward Bound
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In general, when are you free? *Black out any standing commitments that you can't change. Think about things like work, clubs, sports practices, family responsibilities, church. Leave available times blank.*

	Monday	Tuesday	Wednesday	Thursday	Friday
2pm					
3pm					
4pm					
5pm					
6pm					

FINANCIAL INFORMATION

Benefits You & Your Family Receive: <input type="checkbox"/> Free/Reduced Lunch <input type="checkbox"/> Food Stamps/EBT SNAP <input type="checkbox"/> SSI <input type="checkbox"/> Public Assistance/TANF <input type="checkbox"/> Public Housing	Did your parents file 2017 taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Does your family own a house? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> Does your family own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Optional: Attach a copy of your family's 2017 or 2018 tax forms. If you are not able to include them, please ask your parent(s) or guardian for an estimate of your family's annual income. If accepted to CV, students are required to submit copies of tax forms in the fall.	Estimated annual income:
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For the purpose of our Community Development Block Grant, please fill this out with you and a guardian. Check off for both Race AND Ethnicity.

RACE :

- 1 – White
- 2 – Black/African American
- 3 – Asian
- 4 – American Indian/Alaskan Native
- 5 – Native Hawaiian/Other Pacific Islander
- 6 – American Indian/Alaskan Native/White
- 7 – Asian & White
- 8 – Black/African American/White
- 9 – American Indian/Alaskan Native & Black/African American
- 10 –Other Multi-Racial

ETHNICITY: HISPANIC Yes **OR** No

Head of Household Female Male

Mark next to the income range that best fits your annual GROSS income & family size. * 2017-2018

<p>1 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – \$15,200 <input type="checkbox"/> \$15,201 – \$25,250 <input type="checkbox"/> \$25,251– \$40,400 <input type="checkbox"/> \$40,401, and over	<p>2 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – \$17,350 <input type="checkbox"/> \$17,351 – \$28,850 <input type="checkbox"/> \$28,851– \$46,200 <input type="checkbox"/> \$46,201 and over	<p>3 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – \$20,420 <input type="checkbox"/> \$20,421 – \$32,450 <input type="checkbox"/> \$32,451– \$51,950 <input type="checkbox"/> \$51,951 and over
<p>4 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – \$24,600 <input type="checkbox"/> \$24,601 – \$36,050 <input type="checkbox"/> \$36,051 – \$57,700 <input type="checkbox"/> \$57,701 and over	<p>5 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – \$28,780 <input type="checkbox"/> \$28,781– \$38,950 <input type="checkbox"/> \$38,951 – \$62,350 <input type="checkbox"/> \$62,351 and over	<p>6 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – 32,960 <input type="checkbox"/> \$32,960 – \$41,850 <input type="checkbox"/> \$41,851 – \$66,950 <input type="checkbox"/> \$66,951 and over
<p>7 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – \$37,140 <input type="checkbox"/> \$37,141 – \$44,750 <input type="checkbox"/> \$44,471 – \$71,550 <input type="checkbox"/> \$71,551 and over	<p>8 PERSON HOUSEHOLD</p> <input type="checkbox"/> \$0 – \$41,320 <input type="checkbox"/> \$41,321– \$47,600 <input type="checkbox"/> \$47,601– \$76,200 <input type="checkbox"/> \$76,201 and over	

***Note family size includes any persons that live in your residence that are related by blood, adoption, or marriage.** I/We certify that the information given on household composition and income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of assistance. I hereby certify that my household size and income are as stated above. I consent to verification of this information by the service provider, the City Of Providence, or other governmental officials as required.

Name	Signature	Date

FAMILY INFORMATION

If you live with your parent/guardian, provide their information below. If you do not live with them, skip this section and answer the last question on the page.

Parent/Guardian 1

Name: _____

Relationship to you: _____

Do you live with them: Yes No

Birth Date: _____

Phone Number: _____

Email: _____

Marital Status:

- Married
- Divorced
- Remarried
- Never Married
- Widowed

Job Title/Occupation: _____

Highest Level of Education Completed:

- Less than high school
- Some high school
- High school diploma/GED
- Some college
- College Certification
- Associate's degree
- Bachelor's degree
- College degree from another country

College attended (if applicable):

Level of English spoken

- Native speaker Fluent
- Some Very little or none

Parent/Guardian 2

Name: _____

Relationship to you: _____

Do you live with them: Yes No

Birth Date: _____

Phone Number: _____

Email: _____

Marital Status:

- Married
- Divorced
- Remarried
- Never Married
- Widowed

Job Title/Occupation: _____

Highest Level of Education Completed:

- Less than high school
- Some high school
- High school diploma/GED
- Some college
- College Certification
- Associate's degree
- Bachelor's degree
- College degree from another country

College attended (if applicable):

Level of English spoken

- Native speaker Fluent
- Some Very little or none

If your parents are divorced or separated, do you maintain contact with your other parent?

- Yes No

If yes, how often is there contact? Often Somewhat Almost never

If you are not living with a parent/guardian, please describe your situation below.

FAMILY INFORMATION (continued)

List all family members who live in your household. Be sure to include any older siblings, even if they don't live at home.

Name	Relationship to You	Age	School or Job Title/Occupation

COLLEGE INFORMATION

Have you started your college process? If yes, explain what you've done:

List up to 6 colleges you are interested in applying to:

List up to 3 majors you are interested in studying:

List up to 3 things that are important to you in selecting a college:

Please honestly assess yourself.	Strong Disagree	Disagree	Neutral	Agree	Strong Agree
I am open to exploring different majors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am open to attending a small college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am open to attending an all men's/women's college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am open to attending a college out of state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parents are open to me attending a college out of state.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am open to my CV advisor suggesting new colleges for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ESSAY QUESTION

Answer **ONE** of the following questions on a separate sheet. Your response should be about 250 words, typed with 12 pt. font and double-spaced. Make sure to be creative, proofread, and turn in work that represents you well.

- Describe a time you experienced failure. How did it affect you, and what lessons did you learn?

OR

- Describe the impact you have made on your community through one of your community service projects. What did you learn from the experience? How did it help you grow?

OR

- What does it mean to you to be a first generation college-bound student? How has this influenced your academic and career goals?

STUDENT/FAMILY CONSENT FORM

Participating in College Visions is a great opportunity, but it's also a big commitment. It's not just about helping you get into college, but helping you get through it in order to receive your degree. CV is a five-year program that continues to support students throughout their college years. Therefore, CV participants must be invested in the long run. To ensure that all participants take full advantage of this opportunity and put themselves in the best position possible to achieve their post-secondary educational goals, applicants and their families must agree to the following expectations.

Student

I will:

- Arrive on time for every CV group and 1-on-1 meeting unless I have already received permission.
- Respond to my advisor's phone calls and e-mails.
- Be respectful of all members of the CV community.
- Spend at least two hours each week doing independent college work.
- Apply to at least one Rhode Island state school (CCRI, RIC, or URI).
- Submit all my completed college applications to my CV advisor for proofreading before I send them.
- Actively participate in CV while in college by attending all activities, events, and advisor meetings.
- Share my college's financial and academic information with my CV advisor.

I understand that College Visions is obligated to protect the confidentiality of the information I provide to them. College Visions would like to keep in touch with you when you start college. By signing your name below, you permit third parties to disclose your academic and educational records (including, but not limited to Education Records and/or Personally Identifiable Information as defined under the Family Educational Rights and Privacy Act of 1974) to College Visions and/or for College Visions to access your academic and educational records for the purposes of tracking your academic progress.

Yes, I consent to the disclosure of my academic and educational records to College Visions.

Print Name: _____

Signature: _____ Date: _____

Parent/Guardian

I will:

- Support my child through the college & financial aid application processes in whatever ways I can.
- Allow my child to go on supervised college visit trips with CV.
- Take part in a group college planning workshop and a financial aid workshop for families.
- Help my child fill out financial aid forms and provide copies of my W-2, 1040, and other necessary forms.
- Financially and morally support my child throughout their college years to ensure they graduate with a degree.

I understand that College Visions is obligated to protect the confidentiality of the information I provide to them. College Visions would like to keep in touch with your student when they start college. By signing your name below, you permit third parties to disclose your academic and educational records (including, but not limited to Education Records and/or Personally Identifiable Information as defined under the Family Educational Rights and Privacy Act of 1974) to College Visions and/or for College Visions to access your student's academic and educational records for the purposes of tracking your student's academic progress.

Yes, I consent to the disclosure of my student's academic and educational records to College Visions.

Print Name: _____

Signature: _____ Date: _____