



NAYA Family Center Summer Ascend Application

High School Credit & Recovery

Session 1: June 26th – July 14th, 2017 (no school 7/4)

Session 2: July 18th – August 4th, 2017 (no classes 7/17)

Please type or print the following information in blue or black ink.

*Priority deadline to turn in application is **Tuesday, June 20th 2017 by 5pm.** All applications turned in after this date will be subject to a wait list for consideration, depending space availability.*

Today's Date (MM/DD/YYYY)

___ / ___ / ___

APPLICANT INFORMATION							
Full Legal Last Name		Legal First Name		Preferred Name, if different from Legal		Middle Initial	
Date of Birth (MM/DD/YYYY) / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		Pronouns <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> Them/They			
Synergy # (Perm. ID)		SSID # (State ID)		Tribe(s)		Race/Ethnicity	
Home Address				City		Zip	
Mailing Address (If different than above)				City		Zip	
Parent/Guardian Name(s)			Parent/Guardian Day Phone		Parent/Guardian Evening Phone		
Parent/Guardian Email			Youth Cell Phone		Youth Email		
What language is spoken at home?			Do you qualify for free/reduced lunches? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Current Grade		Graduation Year		High School you currently attend		School District	
Attending this school in Fall 2017? Yes No			If no, which school do you plan to attend?				

ATTENTION COUNSELORS			
(MUST be completed by your school counselor)			
<i>Counselors, please verify that the student is eligible to take the classes selected below.</i>			
School Counselor Name		Phone	Email
Does youth have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of IEP provided to student? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*Upon acceptance into program, they will need to provide this by the 1st day of classes.</small>		

USDA and the NAYA Family Center are equal opportunity providers and employers.

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Classes: Please pay close attention to the time period in which the classes are offered and indicated which credit they are seeking by circling .25 for initial credit or .5 for credit recovery.

Session 1: June 26th – July 14th

9:35a-12:05a English: (please write which class(es) & highlight class(es) on transcript) _____

Example: 10th grade/2nd semester or 11th grade/4th quarter
(credit recovery .5 OR elective .25, please select/circle one)

Health (credit recovery .5 OR elective .25, please select/circle one)

12:50p-3:20p Environmental Science (credit recovery .5 OR elective .25, please select/circle one)

Session 2: July 18 – August 5

9:30a-11:30a P.E. (offered as credit recovery .5 OR elective .25, please select/circle one)

12:50p-3:20p College & Career Exploration (.25 only)

Comments:

I hereby acknowledge that I have reviewed the above student's transcript and have determined the above classes to be appropriate for the student to enroll in at the NAYA Family Center.

Counselor Signature

____ / ____ / ____
Month Day Year

APPLICANT UNDERSTANDING

Please check with your school **BEFORE HAND** to make sure that they will accept credits from this program. Must have the counselors section completed and signed. Please have them contact us if there are any questions.

I, _____ understand that my school has the sole discretion in deciding whether
(Applicant name)
to accept the credit(s) earned through the Native American Youth and Family Center Summer Ascend Program.

Applicant Signature

____ / ____ / ____
Month Day Year

PARENT/GUARDIAN PERMISSION & AGREEMENT

I, _____ give permission for _____
(Parent/guardian name) (Applicant name)

to participate in the Native American Youth and Family Center Summer Ascend Program. I agree to hold harmless the Native American Youth and Family Center, and release any and all right or claim to damages that may be sustained in connection with or as a result of engaging in the programs of the Native American Youth and Family Center.

Parent/Guardian Signature

____ / ____ / ____
Month Day Year

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Applicant Name: _____ Date: ____/____/____

Application Checklist

Please utilize this checklist and put as your cover page before turning in your application.

- Application Information Completed
- Counselor Information/ Class selection/ Signature Completed
- Signed Applicant Understanding
- Signed parent/guardian permission and agreement
- Current 2016-17 Transcript included

***** The completed application pages should be turned into NAYA Family Center or post marked by the priority deadline Tuesday, June 20th, 2017. All applications turned in after this date will be subject to space availability. *****

Office Use Only: Eligibility Review and Verification		
Synergy #:	<input type="checkbox"/> Verified	
Reviewed Transcript:	<input type="checkbox"/> By Staff _____	Notes: _____ _____ _____
NAYA Intake Completed on File:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the ROI within the last year?	<input type="checkbox"/> Yes, Date _____	<input type="checkbox"/> No
• Is the Photo/media release within the last year?	<input type="checkbox"/> Yes, Date _____	<input type="checkbox"/> No
• Acceptance Notification:	<input type="checkbox"/> Date _____	<input type="checkbox"/> By Staff _____
Notes: _____		

