



High Jump

PREP 6 PROGRAM

59 W. North Blvd., • Chicago, IL 60610 • www.highjumpchicago.org

2011 HIGH JUMP PREP 6 COVER SHEET **Students entering 6th Grade in Sept. 2011**

MISSION STATEMENT: *High Jump equalizes access to education for middle school students who have exhibited exceptional academic ambition and potential, but are of limited economic means. We provide academic enrichment, guidance, and support to students of diverse backgrounds, with the goals of sending our participants to superior college preparatory schools, ensuring their success while they are there, and enhancing their ability to gain admission to highly regarded four-year colleges and universities.*

General Requirements:

- Student applicants must currently be in the fifth grade.
- Student must have achieved a B or higher average and a strong desire to excel academically. High Jump students achieve more As than Bs.
- Submit a completed application (See check list) by **March 1, 2011**.
- Meet financial eligibility requirement, which is determined on a case-by-case basis and after all qualified applications have been reviewed. The parent(s) or guardian(s) with whom the student resides, who claim the student as a dependent on their income taxes, and/or who have custody of the student are required to submit proof of income documentation.
- Student must be enrolled in a school located in the pilot program geographical boundaries. See attached.

High Jump serves students from low-income backgrounds that have limited/no access to academic enrichment programs in their communities/schools. High Jump equalizes access to education by serving as a resource and support base for families whose position in life limits their access to top college preparatory high schools. High Jump gives stronger consideration to students who will be the first in their families to attend college.

Financial information is reviewed by authorized High Jump staff only, and is not shared, distributed or released to outside parties. Review of financial information is strictly to determine a student's need and eligibility for High Jump's academic enrichment program.

Students enrolled in High Jump Prep 6:

- Are active participants in all of High Jump's mandatory events, including: Orientation and Open House (prior to each session), a three-day two-night retreat, and class trips.
- Attend and successfully complete a six-week summer intensive session of classes and Saturday classes held two/three times per month during the school year, which includes math and writing workshop with homework, projects and exams. Classes are held at on the University of Chicago Campus, Judd Hall, 5835 South Kimbark Avenue.

APPLICATION CHECK LIST

It is your responsibility to submit a completed application to High Jump by the required date, **March 1, 2011**. Late or incomplete applications **will not** be considered. They will automatically be disqualified. Use black or blue ink to complete application. **Do not use pencil.**

<p><input type="checkbox"/> Application Forms (pages 1 – 10)</p> <p><input type="checkbox"/> Parent Questionnaire (page 4)</p> <p><input type="checkbox"/> Student Essay (pages 5 and 6) – handwritten and printed neatly by student</p> <p><input type="checkbox"/> Completed Financial Eligibility Forms (pages 7, 8, 9 and 10) including detailed copies of all pages and Schedules of your 2009 and 2010 1040 Federal Income Tax Forms; copies of all 2009 and 2010 W-2s, and/or 1099/1099R Forms</p> <p><input type="checkbox"/> Applicable items listed in the below Proof of Income Section. <i>A paycheck stub or State 1040 is NOT accepted as proof of income.</i></p> <p><input type="checkbox"/> Transcript Release Statement Form – complete the top portion and submit to applicant’s school office. Transcripts must include 3rd - 5th grades.</p>	<p><input type="checkbox"/> 4th AND 5th Grade Report Cards</p> <p><input type="checkbox"/> Standardized Tests: Current ISAT, Terra Nova, and/or other standardized test scores</p> <p><input type="checkbox"/> English Teacher Recommendation (signature across sealed envelope)*</p> <p><input type="checkbox"/> Math Teacher Recommendation (signature across sealed envelope)*</p> <p><input type="checkbox"/> Counselor/Homeroom Teacher Recommendation (signature across sealed envelope)*</p> <p>*Make sure the student name is on each recommendation form. One recommender per form. A teacher may complete both a Math and English recommendation only if he/she teaches both subjects and can detail a student’s performance in both subject areas.</p>
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If taxes were not filed, you must provide a notarized letter detailing the reason, and provide the following forms/documentation, as applicable:

PROOF OF INCOME DOCUMENTS

- Signed, official copies of 2009 and 2010 1040 Federal Income Tax Forms (include all pages/schedules submitted to IRS)
- 2009 and 2010 W-2s and/or 2009 and 2010 1099/1099R Forms
- Public Aid proof of public assistance from the Illinois Department of Health and Family Services
- Statement of Social Security Benefits 2009 and 2010
- Statement of foster care from Social Services
- Unemployment notice/statement of unemployment
- Statement of child support payments
- A copy of a Medicaid I.D. card (indicating candidate’s coverage)
- A current Food Stamp voucher
- Proof of SSI (Supplementary Security Income) (indicating candidate’s coverage)
- Proof of Special Population Group (i.e. Social Security)
- Copy of Divorce decree (if applicable)

Carefully read and sign the following:

I/We, understand that if my application does not arrive by the deadline, or is not complete, it will not be reviewed and I will not be notified. I/We, the undersigned, certify that all the information presented for the purpose of determining financial need is true to the best of our knowledge, and that perjury or lack of required submission material will disqualify an application to High Jump.

High Jump reserves the right to dismiss any student(s) accepted under falsification of financial need or other pertinent application information.

Parent/Guardian 1: _____ / ____/____
Signature Date

Parent/Guardian 2: _____ / ____/____
Signature Date

NONCUSTODIAL PARENT/GUARDIAN (S) INFORMATION

IF THE APPLICANT'S **PARENTS ARE DIVORCED, SEPARATED OR SINGLE (NEVER MARRIED)**, THIS INFORMATION MUST BE PROVIDED FOR THE NON-CUSTODIAL PARENT (**Parent not residing with applicant**).

Marital Status:

Married Single Separated Divorced Remarried Widowed Other: _____

Full Name: _____
(First) (Middle) (Last)

Spouse Name: _____
(Please list if other than biological student applicant's parent)

Address: _____
(Street Address) (Apt. #)

City: _____ State: _____ Zip code: _____

Neighborhood: _____

Daytime phone: _____ Evening phone: _____

Cell phone: () _____ E-mail Address: _____

Date of Birth: ____ / ____ / ____

Citizenship: USA Citizen USA Resident Other: (specify) _____

Non-custodial Parent Guardian Education & Occupation:

High School attended: _____

Graduated Did not graduate GED

College/Trade School attended: _____

Two-year/Associate Degree Four-year/Bachelor Degree Master Degree PhD

Some college Trade certification/license (specify): _____

Occupation: _____ Employer: _____

How much does this person contribute towards your annual household income? \$ _____

Will the Non-custodial Parent be involved in activities, programs, meetings and other events hosted and/or required by High Jump? Yes No

If yes, to what extent? _____

Read carefully:

Your signature below indicates that all the information provided on this application form is complete and factually correct. Your signature also attests to the fact that you wish for your child to be considered for participation in High Jump with no guarantee of final acceptance. It also authorizes High Jump to request a copy of the applicant's academic report with the most recent grades and standardize test scores.

Signature of parent or guardian _____

Date signed (month/ date/ year): ____ / ____ / ____

HIGH JUMP STANDS BEHIND THE PRINCIPLE THAT THERE SHALL BE NO DISCRIMINATION AGAINST ANY PERSON IN ADMISSION, EMPLOYMENT, OR OTHERWISE BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, GENDER, SEXUAL ORIENTATION OR AGE.



2011 PREP 6 PARENT / GUARDIAN QUESTIONNAIRE

High Jump’s academic enrichment program involves a rigorous course curriculum with homework assignments, projects, quizzes and exams. Students meet Monday through Friday for six weeks during the summer and on Saturdays during the school year. High Jump expects students to manage assignments from their home school and High Jump. We are committed to each student’s success and provide a variety of services such as one-on-one tutoring, time management and organizational skill development.

High Jump is **not an extracurricular activity and does not excuse students** for activities such as debate competitions, choir rehearsals, sport games/tournaments, music lessons, religion school, etc.

Question #1

What impact will participation in High jump have on your child?

Question #2

What type of academic development, cultural enrichment, sporting, musical or other programs is the applicant involved in? How often do they meet? If the applicant is accepted into High Jump, will he/she continue to participate in these activities?

Question #3 (DO NOT LEAVE BLANK)

Often High Jump families meet the income guideline for the Illinois Free and Reduced Breakfast/Lunch Program.

Does your child receive a Free Breakfast/Lunch? Yes No **OR** Reduced Breakfast/Lunch? Yes No

Question #4 (DO NOT LEAVE BLANK)

High Jump’s mission is to serve students from families with limited financial resources. How does this apply to you?

DETERMINED

LEARNERS

FUTURE

LEADERS

HIGH JUMP PREP 6 FINANCIAL ELIGIBILITY FORMS (SECTIONS A-J)

A

Parent/Guardian 1 Income Data (Person financially responsible for student applicant)

Mother Father Stepmother Stepfather Grandmother Grandfather Guardian Other Adult

Last Name _____ First Name _____ MI _____

Employment Information (DO NOT LEAVE BLANK)

What is your current employment status? Full Time Part Time Self-employed Retired Unemployed

If unemployed, are you receiving unemployment benefits? Yes No Weekly amount \$ _____

How long unemployed? _____ Name of last employer? _____

Occupation (type of work): _____ Industry: _____

Current Employer: _____ Numbers of Years Employed: ____
Company/Organization/Institution

Employer Street Address: _____

City: _____ State: _____ Zip: _____ Phone () _____

Occupation (type of work): _____ Industry: _____

Annual Salary \$ _____ Net monthly take home pay (after taxes and deductions) \$ _____

Do you work a second Job? Full Time Part Time No

Annual Salary \$ _____ Net monthly take home pay (after taxes and deductions) \$ _____

If employed less than three years, list previous employer and salary history: _____

If Parent/Guardian 1 does not earn a salary, please explain in detail: **(DO NOT LEAVE BLANK)**

B

Parent/Guardian 2 Income Data (Person financially responsible for student applicant)

Mother Father Stepmother Stepfather Grandmother Grandfather Guardian Other Adult

Last Name _____ First Name _____ MI _____

Employment Information (DO NOT LEAVE BLANK)

What is your current employment status? Full Time Part Time Self-employed Retired Unemployed

If unemployed, are you receiving unemployment benefits? Yes No Weekly amount \$ _____

How long unemployed? _____ Name of last employer? _____

Occupation (type of work): _____ Industry: _____

Current Employer: _____ Numbers of Years Employed: ____
Company/Organization/Institution

Employer Street Address: _____

City: _____ State: _____ Zip: _____ Phone () _____

Occupation (type of work): _____ Industry: _____

Annual Salary \$ _____ Net monthly take home pay (after taxes and deductions) \$ _____

Do you work a second Job? Full Time Part Time No

Annual Salary \$ _____ Net monthly take home pay (after taxes and deductions) \$ _____

If employed less than three years, list previous employer and salary history: _____

If Parent/Guardian 2 does not earn a salary, please explain in detail: **(DO NOT LEAVE BLANK)**

C

Dependents List all dependents living in household. For example: children, senior parents etc. **(DO NOT LEAVE BLANK)**

Full Name	Age	If in school, current grade	Tuition	Amount You Pay	School Student will attend in the fall of 2011 (Do not abbreviate)

List others (nondependent) living in your household (not reported on your most recent tax return)

Name _____ Relationship: _____

Financial contribution to household: _____ If none, explain _____

Name _____ Relationship: _____

Financial contribution to household: _____ If none, explain _____

D

Divorced, Separated or Single Parents (To be completed by Parent or Guardian Listed) **(DO NOT LEAVE BLANK)**

1. Date of separation (Month/Year) _____

2. Date of Divorce (Month/Year) _____

3. Who claimed student as a tax dependent in 2009? _____ in 2010?

4. Do you receive or pay child support?

Receive \$ _____ per year

Pay \$ _____ per year

Neither - If you are not receiving any child support submit a notarized letter detailing your efforts to collect, and the other parent's inability or reluctance to pay.

5. Non-custodial parent _____
Last Name
First Name
MI

E

Personal Property (DO NOT LEAVE BLANK)

Do you rent or own your residence? Rent Own

If you rent your property, what is the monthly rental payment? _____

Amount paid by household \$ _____ per month

Amount paid by other source(s) \$ _____ per month

Personal Property Continued (DO NOT LEAVE BLANK)

If you own your residence, what is your mortgage balance? \$ _____ **Monthly Payment** \$ _____
Purchase amount \$ _____ Year purchased _____
Amount paid by household \$ _____ per month
Amount paid by other source(s) \$ _____ per month

Do you own income property? Yes No
What type? Condo Multi-unit* House
If yes, what is the monthly mortgage \$ ____ If yes, what is monthly rental income \$ _____
* Do you live in multi-unit income property? Yes No

Do you own a vehicle (s)? Yes No If yes, indicate number of vehicles _____.
Vehicle #1: Make, model and year _____
Year purchased: ____ Purchase Amount \$ _____ Car Balance \$ _____ Monthly Payment \$ _____
Vehicle #2: Make, model and year _____
Year purchased: ____ Purchase Amount \$ _____ Car Balance \$ _____ Monthly Payment \$ _____



Household Income Sources (DO NOT LEAVE BLANK)

Please list **monthly** income amounts for each item

Parent/Guardian 1 <i>*net</i> monthly salary, Job #1	\$ _____	per month
Parent/Guardian 1 <i>*net</i> monthly salary, Job #2	\$ _____	per month
Parent/Guardian 2 <i>*net</i> monthly salary, Job #1	\$ _____	per month
Parent/Guardian 2 <i>*net</i> monthly salary, Job #2	\$ _____	per month
Other contributor(s) (stepparent) salary	\$ _____	per month
Social Security benefits (SSI/SSD, etc.)	\$ _____	per month
(Provide documentation for all recipients in household)	\$ _____	per month
Cash Assistance (TANF)	\$ _____	per month
Link/Food Stamps	\$ _____	per month
**Child support	\$ _____	per month
**Alimony	\$ _____	per month
Veteran's pension	\$ _____	per month
Worker's compensation, disability, etc.	\$ _____	per month
Unemployment	\$ _____	per month
✓ Other sources of income (include rental property)	\$ _____	per month
TOTAL MONTHLY HOUSEHOLD INCOME	\$ _____	per month

*Amount of pay after taxes (take home pay).
** If child support/alimony is not being received per court order, please provide a separate and notarized statement detailing the circumstances, and whether or not support is being sought after.

✓ **Detail other sources of income:** _____

Do your monthly expenses exceed monthly income? Yes No

How do you cover difference? _____

G**Assets & Investment As of 12/31/10 (DO NOT LEAVE BLANK)**

Total amount in cash, checking and savings accounts \$ _____

Total value of money market funds, mutual funds, stocks, bonds, CDs or other securities \$ _____

Total value of IRA, Keogh, 401K, SEP or other retirement accounts \$ _____

Did you take a distribution in 2009 or 2010? Yes No If yes, how much and why? _____

H**Unusual Circumstances**

Check all that apply to your situation within the last twelve (12) months:

- | | |
|---|---|
| a. <input type="checkbox"/> Loss of job | i. <input type="checkbox"/> Illness or injury |
| b. <input type="checkbox"/> Recent separation/divorce | j. <input type="checkbox"/> Death in the family |
| c. <input type="checkbox"/> Change in family living status | k. <input type="checkbox"/> Shared custody |
| d. <input type="checkbox"/> Change in work status | l. <input type="checkbox"/> High debt |
| e. <input type="checkbox"/> Bankruptcy | m. <input type="checkbox"/> Child support |
| f. <input type="checkbox"/> Home foreclosure | n. <input type="checkbox"/> Medical/Dental expenses |
| g. <input type="checkbox"/> College expenses | o. <input type="checkbox"/> Shared tuition |
| h. <input type="checkbox"/> Income reduction | |
| p. <input type="checkbox"/> Other (Explain circumstances) _____ | |

I**Business Income 2010 Totals (DO NOT LEAVE BLANK)**

What type of business(s) do you own? _____

	Section C	Section E	Section F
What is your total estimated GROSS business taxable income?	\$ _____	\$ _____	\$ _____
What is your total NET business taxable income/loss?	\$ _____	\$ _____	\$ _____
If your business pays for your home rent or mortgage, what s the annual total?		\$ _____	
If your business pays for your personal automobile, what is the annual total?		\$ _____	
If your business pays for any portion of other personal expenses, list total amount and explain in SECTION J.		\$ _____	
If you own rental property: What was the total amount of Rental Income received?		\$ _____	

J**Explanation**

Use this space to explain any answers that may need clarification or any special circumstances or reasons for leaving any sections blank regarding guardians, non-custodial parents household or financial circumstances.



2011 PREP 6 ENGLISH TEACHER RECOMMENDATION

Applicant Name: _____

To the applicant: Fill in your name above and give this form to your English teacher, along with a stamped return envelope.

To the teacher: The student listed above has applied for admission to High Jump. High Jump is a tuition-free, two and one-half years academic enrichment program for talented seventh and eighth grade students with limited financial resources.

Students attend an intensive six-week session of summer classes as well as classes on Saturdays during the school year. They participate in math, reading and writing courses with homework, projects and exams. Students who enjoy school and being challenged academically thrive in our program, as they are required to maintain two course loads during the school year.

We would appreciate any information you can provide that will help us make an informed decision regarding his or her application. Your comments will be strongly considered in our evaluation.

Please place your completed recommendation in an envelope. Sign the envelope across the back flap and return it to the students or mail to: High Jump, 59 W. North Boulevard, Chicago, IL 60610-1492

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General Information:

Teacher name and Title: _____

Teachers e-mail address: _____

School name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

How long and in what capacity have you known this student? _____

Course Description

What course is this student currently taking? _____ Grade Average: _____

Please give us a brief course description. _____

What text and/or related readings are used? _____

Does this student possess any particular strengths or weaknesses? _____

Student Evaluation

In comparison to other students of the same age you have known at your school/career, how would you rate the applicant in the following areas?

Evaluation Criteria	Below Average	Average	Very Good	Outstanding	One of my very Best	No basis for judgment
Concern for others						
Respect for authority						
Maturity						
Leadership						
Integrity/Honesty						
Reaction to criticism						
Self-confidence						
Independence & Initiative						
Creativity						
Critical thinking						
Study habits						
Oral expression						
Class participation						
Writing ability						
Ability to work in a group						
Seeks help when needed						
Overall academic achievement						
Overall personal qualities						

How will this student contribute to the High Jump community? Please detail any reservations.

Thank you for your time and the information you have provided.

Teacher signature: _____

Date: _____



2011 PREP 6 COUNSELOR/PRINCIPAL RECOMMENDATION

Applicant Name: _____

To the applicant: Fill in you name above and give this form to your counselor/principal, along with a stamped return envelope.

To the Counselor/Principal: The student listed above has applied for admission to High Jump. High Jump is a tuition-free, two and one-half years academic enrichment program for talented seventh and eight grade students with limited financial resources.

Students attend an intensive six-week session of summer classes as well as classes on Saturdays during the school year. They participate in math, reading, and writing courses with homework, projects and exams. Students who enjoy school and being challenge academically thrive in our program, as they are required to maintain two course loads during the school year.

We would appreciate any information you can provide that will help us make an informed decision regarding his or her application. You comments will be strongly considered in our evaluation.

Please place your completed recommendation in an envelope. Sign the envelope across the back flap and return it to the students or mail to: High Jump, 59 W. North Boulevard, Chicago, IL 60610-1492

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General Information:

Your name: _____

School name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

Email address: _____

How long and in what capacity have you known this student? _____

Does this student qualify for the Illinois Free and Reduced Breakfast and Lunch Program?

Please circle one: Free Breakfast/Lunch **OR** Reduced Breakfast/Lunch

Parental Involvement

Parents are an important part of our relationship with the student. Please share with us you have regarding this family and their commitment to their child's development.

Does this student have an IEP or any special academic, physical or behavioral circumstances? If yes, please describe.

Student Evaluation

In comparison to other students of the same age you have known at your school/career, how would you rate the applicant in the following areas?

Evaluation Criteria	Below Average	Average	Very Good	Outstanding	One of my very Best	No basis for judgment
Concern for others						
Respect for authority						
Maturity						
Leadership						
Integrity/Honesty						
Reaction to criticism						
Self-confidence						
Independence & Initiative						
Creativity						
Critical thinking						
Study habits						
Oral expression						
Class participation						
Writing ability						
Ability to work in a group						
Seeks help when needed						
Overall academic achievement						
Overall personal qualities						

How will this student contribute to the High Jump community? Please detail any reservations.

Thank you for your time and the information you have provided.

Teacher signature: _____

Date: _____



PREP 6 2011 MATH TEACHER RECOMMENDATION

Applicant Name: _____

To the applicant: Fill in you name above and give this form to your math teacher, along with a stamped return envelope.

To the teacher: The student listed above has applied for admission to High Jump Prep. High Jump is a tuition-free, two and one-half years academic enrichment program for talented seventh and eight grade students with limited financial resources.

Students attend an intensive six-week session of summer classes as well as classes on Saturdays during the school year. They participate in math, reading, and writing courses with homework, projects and exams. Students who enjoy school and being challenge academically thrive in our program, as they are required to maintain two course loads during the school year.

We would appreciate any information you can provide that will help us make an informed decision regarding his or her application. You comments will be strongly considered in our evaluation.

Please place your completed recommendation in an envelope. Sign the envelope across the back flap and return it to the students or mail to: High Jump, 59 W. North Boulevard, Chicago, IL 60610-1492

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General Information:

Teacher name and Title: _____

Teachers e-mail address: _____

School name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

How long and in what capacity have you known this student? _____

Course Description

What course is this student currently taking? _____ Grade Average: _____

Please give us a brief course description. _____

Is this course sectioned according to ability? Yes No If this course is sectioned, please briefly explain how it's sectioned and applicants placement. _____

Does this student possess any particular strengths or weaknesses? _____

Student Evaluation:

Please comment on the student’s work in mathematics. In comparison to other students of the same age you have known at your school (or during your career), please answer the following questions.

Questions

Often Sometimes Never

Does the student request extra work? _____

Does the student request more challenging work? _____

Does the student complete assignments ahead of classmates? _____

Does the student enjoy doing class work or take-home assignments? _____

Do you assign student additional work because he/she completes assignments ahead of classmates? _____

What else would you like us to know about this student’s mathematical ability?

How will this student contribute to the High Jump community? Please detail any reservations you may have.

Thank you for your time and the information you have provided.

Teacher Signature: _____ **Date:** _____



PREP 6 TRANSCRIPT RELEASE STATEMENT

To the parent: Please sign the release statement below and give this form to your child's school principal/counselor. To complete your child's application, it is necessary that we receive a copy of his or her transcripts attached to this form.

Applicant name: _____
Current school: _____
School address: _____ City: _____ State: _____ Zip: _____
Principal/Counselor name: _____
Applicant address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Home phone: _____ Daytime phone: _____

I _____ (parent/guardian name) give _____ (school name) permission to release transcripts, report cards and standardized test scores to High Jump to be used for the consideration of _____ (student's name) application for admission into its academic enrichment program.

Guardian's signature: _____ Date: _____

To the principal/counselor: The student named above is an applicant for admission to High Jump. Please submit the following records by the **application deadline, March 1, 2011.**

- Fifth grade final grade report
- Sixth grade, first quarter grade report
- Transcripts (grades four through six)
- Standardized test scores

Please return this form along with the records to:

High Jump
59 W. North Boulevard
Chicago, IL 60610-1492