



CENTER OF EXCELLENCE

Application of Participation



- ☐ National Achievers Society ☐ Academic Enrichment Center ☐ Brain Bowl Competition
☐ Believers Society ☐ Summer Enrichment Program

Date

Student Information

School ID Number		Email Address	
Last Name		First Name	MI
Date of Birth		Place of Birth	
Street Address			
City		State	Zip
Telephone		Emergency Contact	
School		Current Grade	Cum. GPA
Class Enrollment: Regular <input type="checkbox"/> Gifted <input type="checkbox"/> Honors <input type="checkbox"/> AP <input type="checkbox"/> Dual Enrollment <input type="checkbox"/> Special Education <input type="checkbox"/>			
Graduation Year		Special Honors:	
Plans to attend College Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name College			

Ethnicity: African American ☐ White ☐ Hispanic ☐ Asian/P.I. ☐ Other ☐ Gender: Female ☐ Male ☐

This information is helpful, but optional.

Family Information (Confidential information used for demographic purposes only.)

Live with: Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Relative (Specify: _____) Other (Specify: _____)	
Parent/Guardian Name:	
Father's Home Phone:	Work Phone:
Mother's Home Phone:	Work Phone:
Father's Education: High School Graduate <input type="checkbox"/> Vocational training <input type="checkbox"/> College Degree <input type="checkbox"/> Highest grade completed: _____	
Mother's Education: High School Graduate <input type="checkbox"/> Vocational training <input type="checkbox"/> College Degree <input type="checkbox"/> Highest grade completed: _____	
Annual Household Income (check one): <input type="checkbox"/> \$0-\$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$39,999 <input type="checkbox"/> \$40,000-\$49,999 <input type="checkbox"/> \$50,000-above	
Public Assistance Yes <input type="checkbox"/> No <input type="checkbox"/> AFDC Yes <input type="checkbox"/> No <input type="checkbox"/>	Total Number in Household _____
Free/Reduced Lunch: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Student Scholarship Information

Have you applied for: Florida Bright Futures Scholarship Yes <input type="checkbox"/> No <input type="checkbox"/> National Achievers Scholars Award Yes <input type="checkbox"/> No <input type="checkbox"/>	
Scholarships Received:	

PARENTAL CONSENT/RELEASE FORM

The Center of Excellence Program is a partnership with you, your child, and his/her church/community center and is designed to provide participants with educational assistance that may include tutoring, mentoring, skills building, and other training. Students also participate in community service projects, workshops, and field trips that are pertinent to their educational development. By signing below, you acknowledge the goals of the Program and grant permission for your child to participate and your child agrees to participate.

I hereby grant the Staff of the Center of Excellence Program permission to have access to my child's educational records and demographic information and to forward same to the Florida Education Fund, Inc., its parent organization.

Parent/Guardian Signature:	Date:
Student Signature:	Date:

FOR CENTER USE ONLY										
Student Name					SSN:			Active <input type="checkbox"/> Inactive <input type="checkbox"/>		
School and Testing Information										
County Number					School Number					
Demographics: Urban/Inner City <input type="checkbox"/> Rural/Outside City Limits <input type="checkbox"/>										
FCAT Math Test Score		FCAT Reading Test Score			FCAT Writing Test Score			FCAT Science Test Score		
4 th Grade		4 th Grade			4 th Grade			4 th Grade		
8 th Grade		8 th Grade			8 th Grade			8 th Grade		
10 th Grade		10 th Grade			10 th Grade			10 th Grade		
PSAT		SAT		1 st Score		Date		ACT		
				2 nd Score		Date				
Additional Test(s) and Scores:										
Student Scholarship Information										
Bright Futures Recipient Yes <input type="checkbox"/> No <input type="checkbox"/>				Talented 20 Yes <input type="checkbox"/> No <input type="checkbox"/>			Brain Bowl Scholarship Awarded Yes <input type="checkbox"/> No <input type="checkbox"/>			
College Attended										
Military Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, which Branch						Trade School Yes <input type="checkbox"/> No <input type="checkbox"/>				
National Achievers Society										
NAS Induction Grade Level		Induction GPA			School			Leadership Training Yes <input type="checkbox"/> No <input type="checkbox"/>		
Believer Induction Grade Level		Induction GPA			School					
Academic Enrichment Center (AEC) Program										
AEC Participant Yes <input type="checkbox"/> No <input type="checkbox"/> Student will be tutored or assisted in the following subject (s):										
Subject(s)		Current Grade			Mid-Year Grade			Final Grade		
Brain Bowl Competition:										
History and Culture <input type="checkbox"/>					Mathematics <input type="checkbox"/>					
History and Culture Pre-test Score					Post-test Score					
Mathematics Pre-test Score					Post-test Score					
Parent Association										
Member		Yes <input type="checkbox"/> No <input type="checkbox"/>		Name:						
Parental Involvement		Active <input type="checkbox"/> Inactive <input type="checkbox"/>				Community Service Projects Yes <input type="checkbox"/> No <input type="checkbox"/>				
Attend State NAS Summit		Yes <input type="checkbox"/> No <input type="checkbox"/>				Fundraising Yes <input type="checkbox"/> No <input type="checkbox"/>				
Volunteer Brain Bowl		Yes <input type="checkbox"/> No <input type="checkbox"/>				Parent Association Officer Yes <input type="checkbox"/> No <input type="checkbox"/>				
Volunteer NAS Inductions		Yes <input type="checkbox"/> No <input type="checkbox"/>				Chaperone Yes <input type="checkbox"/> No <input type="checkbox"/>				
Volunteer AEC		Yes <input type="checkbox"/> No <input type="checkbox"/>				Other _____				
Summer Enrichment Program										