

MIDDLE SCHOOL APPLICATION

**USC Neighborhood Academic Initiative, HSC
Application for Program Admission**

This packet contains the application for the USC Neighborhood Academic Initiative program.

Eligibility Requirements

- Student must attend El Sereno or Nightingale Middle School for 6th- 8th grade.
- Must be a first-generation college bound student.
- Accepted students must attend NAI's Saturday Academy; 10 Saturdays per semester.
- Accepted students must reapply in the 8th grade.
- If student is accepted to the 9th – 12th grade program, student must attend Wilson High School or Lincoln High School.

Application Process

Student (Please submit five required documents. **Incomplete applications will not be reviewed.**)

- Please complete student portion of the application.
- Student essay.
- Attach **Fall 2018** report card to application.
- Attach SBAC Scores
- Teacher Recommendation Form.

Parent or Guardian

- Complete parent/guardian portion of the application.
- Sign Permission to Obtain Grade Reports form.

Interview

- You will be notified of your scheduled date and time for an interview.

APPLICATION DEADLINE: Thursday, March 14th

**If you have any questions please contact Ms. Garcia at:
(213) 716- 4061/ garciame@usc.edu**

For Office Use Only:

€ Accepted € Missing Items

€ Denied € Reviewed by: _____

€ Decision Date: _____

€ Comments: _____

SOLICITUD DE ESCUELA SECUNDARIA

USC Iniciativa Académica Local, HSC
Solicitud de Admisión

Este paquete contiene la aplicación para el programa de La Iniciativa Académica Local de USC.

Requisitos de Elegibilidad

- El estudiante debe asistir a la escuela secundaria El Sereno o Nightingale para el 6º-8º grado.
- El estudiante debe ser primero en su familia en asistir una universidad.
- Los estudiantes aceptados deberán asistir a clases de la academia sabatina de NAI; 10 sábados por semestre.
- Los estudiantes aceptados deben aplicar de nuevo en el 8º grado.
- Si el estudiante es aceptado al programa de 9º - 12º grado, el estudiante debe asistir Wilson High School o Lincoln High School.

Procesó de Solicitud

Estudiante (Por favor envíe cinco documentos requeridos. **Las aplicaciones incompletas no serán revisadas**).

- Por favor llene la sección del estudiante de la solicitud.
- Ensayo de estudiante.
- Coloque las calificaciones **del otoño 2018** a la aplicación.
- Coloque los resultados del SBAC
- Formulario de recomendación del maestro/a.

Padre o Guardián

- Por favor llene la sección de padres de la solicitud.
- Firme el formulario para obtener permiso de calificaciones.

Entrevista

- Usted sera notificado de la fecha y hora para una entrevista.

FECHA LIMITE DE SOLICITUD: jueves, 14 de marzo

Si tiene alguna pregunta, por favor comuníquese con Ms. Garcia al:
(213) 716-4061 / garciame@usc.edu

Solo para uso de la oficina:

€ Aceptado € Elementos que faltan

€ Negado € Revisado por: _____

€ Fecha de decision: _____

€ Comentarios: _____

UNIVERSITY OF SOUTHERN CALIFORNIA
Neighborhood Academic Initiative
Application for Program Admission

1. Student Name:

Last

First

Middle

2. Address (street and/or apartment, city, state, zip code):

3. Home phone: () _____ Student's cell #: () _____

Student's E-mail address: _____

Please circle shirt size (Youth Size):
Small Medium Large X-Large

Please circle who can make decisions about you:
Mother Father Guardian

4. Date of birth: ____/____/____ Gender: Male Female

U.S. Citizen? Yes No

If "No", please provide Alien Registration # (if possible) _____

Student's Social Security Number: _____ - _____ - _____

Please Note: The Social Security Number is only used for tracking students once they have entered a College or University. This information is strictly confidential.

6. Check all racial/ethnic identification that applies to you:

African American Latino Asian/Pacific Islander

Native American White/Caucasian Other (please specify) _____

7. Are you and/or your siblings the first in your family to go to college? YES NO

Do you have any siblings that attended/are attending college? YES NO

If YES, did they graduate? YES (from what college(s) and their major(s)? _____
 NO

Do you have any siblings who are in or has attended NAI? YES NO

If YES, name of student/students: _____

Do you qualify for the Federal School Lunch program? YES NO

8. With whom do you live? Circle one: (father only, mother only, both parents, guardian, etc.)

What is the preferred language of your parents? English Spanish Other _____

9. What elementary school did you attend? _____

What middle school are you planning to attend?

Middle School: _____

10. **Emergency contact information** (someone other than your parents):

Name: _____ Relation to you: _____

Home and/or Cell phone #: _____ Work #: _____

Address: _____

Please include full address: Street and/or Apartment Number, City, State, and Zip Code)

11. **Medical Information (this is very important in case of an emergency):**

Physician's Name: _____ Physician's Phone #: _____

Insurance Company: _____ Policy #: _____

Do you suffer from any allergies? YES NO Do you suffer from seizures? YES NO

If YES, what are your allergies? _____

Do you suffer from any of the chronic diseases?

Asthma Hypertension Diabetes Blood pressure Other

Please explain: _____

12. Explain why you are interested in enrolling in this program.

13. Do you have an IEP: YES NO

If yes, please explain the services you receive:

14. In what extra-curricular activities do you participate? (school, community, family, work)

15. Choose three words that best describe you:

Student's signature

Date

**USC Neighborhood Academic Initiative
Application for Program Admission**

Father/ Guardian Information

1. Name:

Last

First

Middle

2. Is your home address and phone number the same as the applicant's? YES NO

If NO: Father's/Guardian's home address (street and/or apartment, city, state, zip code):

Father/Guardian Home phone: ()

Cell Phone: ()

Work Phone: ()

Email address:

3. Occupation:

Employer:

4. Did you graduate from high school? YES NO

If NO, what is the highest grade completed? 1 2 3 4 5 6 7 8 9 10 11 12

5. Years of college completed: 0 1 2 3 4 post-graduate

College Attended :

Degree:

**Iniciativa Académica Local de USC
Aplicación de Admisión**

Información del Padre/Guardián

| | | |
|------------|--------|----------------|
| 1. Nombre: | | |
| Apellido | Nombre | Segundo Nombre |

| |
|--|
| 2. ¿Tiene usted la misma dirección y teléfono que el estudiante? <input type="checkbox"/> SI <input type="checkbox"/> NO |
|--|

| |
|--|
| Si NO: Domicilio del Padre (incluye calle o/y apartamento, ciudad, estado, Código Postal): |
|--|

| | |
|---|---------------------|
| Padre/Guardián Teléfono de casa: () | Celular: () |
| Teléfono de trabajo: () | Correo Electrónico: |

| | |
|---------------|------------|
| 3. Ocupación: | Empleador: |
|---------------|------------|

| |
|--|
| 4. ¿Se recibió usted de la escuela secundaria? <input type="checkbox"/> SI <input type="checkbox"/> NO |
| ¿Si NO, el grado mas alto que completó? 1 2 3 4 5 6 7 8 9 10 11 12 |

| | |
|--|------------------|
| 5. Años universitarios: 0 1 2 3 4 post-grado | Titulo Recibido: |
| Colegio/Universidad: | |

**Iniciativa Académica Local de USC
Aplicación de Admisión**

Información de la Madre /Guardián

1. Nombre:

Apellido

Nombre

Segundo Nombre

2. ¿Tiene usted la misma dirección y teléfono que el estudiante? SI NO

Si NO Domicilio de la Madre (incluye calle o/y apartamento, ciudad, estado, Código Postal):

Padre/Guardián Teléfono de casa: ()

Celular: ()

Teléfono de trabajo: ()

Correo Electrónico:

3. Ocupación:

Empleador:

4. ¿Se recibió usted de la escuela secundaria? SI NO

¿Si NO, el grado mas alto que completó? 1 2 3 4 5 6 7 8 9 10 11 12

5. Años universitarios: 0 1 2 3 4 post-grado

Colegio/Universidad:

Título Recibido:

**USC Neighborhood Academic Initiative
Application for Program Admission**

Mother/ Guardian Information

2. Name:

Last

First

Middle

3. Is your home address and phone number the same as the applicant's? YES NO

If NO Address: Mother's/Guardian's home address (street and/or apartment, city, state, zip code):

Mother/Guardian Home phone: ()

Cell Phone: ()

Work Phone: ()

Email address:

4. Occupation:

Employer:

5. Did you graduate from high school? YES NO

If NO, what is the highest grade completed? 1 2 3 4 5 6 7 8 9 10 11 12

6. Years of college completed: 0 1 2 3 4 post-graduate

College Attended :

Degree:

**USC Neighborhood Academic Initiative
Permission to Obtain Grades**

I/we the parents/guardians of _____
Student's name

- Grant permission for the complete release of all school records (including discipline if necessary) of my child and any available test scores to the University of Southern California, Neighborhood Academic Initiative;
- If my/our child is admitted to the USC Neighborhood Academic Initiative, I/we will sign an authorization for emergency medical care and permission to the USC Neighborhood Academic Initiative to provide transportation from USC to the applicant's home school and to other USC Neighborhood Academic Initiative activities.
- If my/our child is admitted to the USC Neighborhood Academic Initiative, I/we agree to attend Family Development Institute meetings on Saturdays on the USC campus.
- I/we understand that this application does not ensure that my/our child will be selected for the USC Neighborhood Academic Initiative program.
- I/we certify that my child is a first-generation student.
- I/we certify that the information furnished by me/us is true and complete to the best of my/our knowledge.

Parent / guardian signature

Date

**Iniciativa Académica Local de USC
Permiso para Obtener Calificaciones**

Yo/nosotros, los padres/guardián de _____
Nombre del estudiante

- Doy/damos permiso de la liberación completa de todo registro de la escuela de mi hijo/a y de los resultados de pruebas/exámenes disponibles a la Universidad del Sur de California, Iniciativa Local Académica.
- Si mi/nuestro hijo/a es escogido para tomar parte en la Iniciativa Local Académica de USC, yo/nosotros firmaremos una autorización de cuidado de emergencia y permiso medico al programa ILA para proporcionar el transporte del estudiante a su escuela y a otras actividades patrocinadas por ILA.
- Si mi/nuestro hijo/a es escogido para tomar parte en la Iniciativa Local Académica de USC, yo/nosotros prometemos asistir las reuniones del Instituto de Desarrollo Familiar los Sábados en USC.
- Yo/nosotros entendemos que esta aplicación no asegura que mi/nuestro hijo/a será escogido para el programa Iniciativa Local Académica de USC.
- Yo/nosotros certificamos que mi hijo/a es un estudiante de primera generación.
- Yo/nosotros certificamos que la información proporcionada por mi/nosotros es verdadera y completa al mejor de mi/nuestro conocimiento.

Firma del padre/guardián

Fecha

**University of Southern California
Neighborhood Academic Initiative
Teacher Recommendation**

Dear Mr./Ms. _____:

Student: _____ is applying to the Neighborhood Academic Initiative program for the Fall of 2018. He/she is asking you for a recommendation.

Could you please rate the candidate on a scale from 1 to 5 (5 being the highest).

| | | | | | |
|--|----------|----------|----------|----------|----------|
| Highly motivated and demonstrates enthusiasm for learning | 1 | 2 | 3 | 4 | 5 |
| Good grasp of the English language, both written and oral | 1 | 2 | 3 | 4 | 5 |
| Gets along well with teachers and other adults | 1 | 2 | 3 | 4 | 5 |
| Interacts positively with peers | 1 | 2 | 3 | 4 | 5 |
| Responds in a positive manner to criticism | 1 | 2 | 3 | 4 | 5 |
| Enjoys challenges | 1 | 2 | 3 | 4 | 5 |
| Completes all class assignments | 1 | 2 | 3 | 4 | 5 |
| Good attendance | 1 | 2 | 3 | 4 | 5 |
| Overall rating for the candidate for admission to the NAI | 1 | 2 | 3 | 4 | 5 |

Is there anything else we should know about this student? Is there anything else you would like to tell us?

In what capacity do you know the candidate?

Your signature

Date

Please return this recommendation in a sealed envelope to the student.