

**Introduction**

**to the**

**High Achievers Program**

**at**

**Georgia College!**

**Do YOU have what it takes to be a**

**High Achiever?**

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| **Want to join the program?**  **Here’s what you do…**   1. **Interest packet** 2. **interest packet and** 3. **Visit our program!** 4. **Get application if you like it!** 5. **Return app and complete ORIENTATION**   **Congrats! You’re accepted!** | Code of Conduct    Be on Time    Afterschool programming 3:30pm –6:00pm    Program meets Tues- Thursday    Bus leaves Baldwin between 3:20-3:30pm    Be Responsible    Participate  -Sign in/out every day; only sign yourself in -Always include where you are going or where you are coming from (be specific) -Attendance determines your ability to participate on field trips. -Provide proper schedules/rosters if absent  Be Attentive    Components last approx. 1 hour    Eliminate excessive talking/playing    No phones /electronics during components      Be Respectful    Always clean up after yourself    Be respectful to Program staff and Volunteers and your Peers.    Pay it Forward    Participate in community service opportunities with the program. | Our focus….  - STEAM  - Wellbeing  -Violence and Injury Prevention  - Leadership Training  - Community Service Projects  - College Preparation  - Academic Success  - Apprenticeship Based Learning    What we expect…..  - Be respectful to yourself, guests and peers  - Use positive language  - Be responsible INSIDE AND OUTSIDE of program  - Be IMPECCABLE with your word  - Achieve HIGH! |

**Program Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** |
| **3:20pm – 3:30pm** | Academic Inclusion  Tutoring/Academic assistant from your teachers | Travel from Baldwin High to Georgia College | | |
| **3:30pm – 4:00pm** | Academic Inclusion  Tutoring/Academic assistant from your teachers | Fellowship/Snack | Fellowship/Snack | Fellowship/Snack |
| **4:00pm – 5:00pm** | Academic Inclusion  Tutoring/Academic assistant from your teachers | STEAM  Art Technology  Math | GA Shape  Physical Fitness  Health/Nutrition  Well Being  Violence and Injury Prevention | STEAM  Academic Outreach Activities-SCIENCE |
| **5:00pm – 5:30pm** | Academic Inclusion  Tutoring/Academic assistant from your teachers | Leadership/Public Speaking | Leadership/Public Speaking | Leadership/Public Speaking |
| **5:30pm – 6:30pm** | Academic Inclusion  Tutoring/Academic assistant from your teachers | Dinner/Dismissal | | |



***The next few pages are very important!***

Please complete the **Student Information Sheet** and write your **Essay**. Then, choose **one teacher** who you currently have or have had in the past and ask them to complete the evaluation for you. Next, have the teacher to SEAL and sign the back of the envelope. Finally, you will return the evaluation to the Program.

**Accountability.** ***If you do NOT return the student information sheet or essay ONE WEEK from when you received it, you will NOT receive an official HAP application.***

**Let’s Reveiw: What do YOU need to return to us?**

1. Student Information Sheet
2. Essay
3. Teacher/Mentor evaluation forms



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION I: CHILD’S PERSONAL INFORMATION** | | | | | | | | | | |
| **A.** Legal Last Name | | | **B.** Legal First Name | | | | | **C.** Legal Middle Name | | |
|  | | |  | | | | |  | | |
| **D.** Date of Birth (MM/DD/YYYY) \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_  **E.** Age \_\_\_\_\_\_\_\_\_  **F.** Gender \_\_\_Male \_\_\_ Female \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **G.** Home Address |  | | | | | | | | | |
| **H.** P.O. Box/Apt # |  | | | | | | | | | |
| **I.** City |  | | **j.** State | | |  | | **K.** Zip Code |  | |
| **L.** Phone Number | | |  | | | | | | | |
| **M.** T-Shirt Size | | |  | | | | | | | |
| **SECTION II: CHILD’S SCHOOL INFORMATION** | | | | | | | | | | | |
| **A.** Grade Level | Freshman Sophomore Junior Senior | | | | | | | | | | |
| **B.** School Attending |  | | | | | | | | | | |
| **C.** Is the student an ESOL\* student: | | | \_\_\_\_ Yes \_\_\_\_ No *\* English as a second language* | | | | | | | | |
| **SECTION III: CHILD’S DEMOGRAPHIC INFORMATION** | | | | | | | | | | |
| **A.** Ethnicity | | \_\_\_ Black, Non Hispanic  \_\_\_ White, Non Hispanic  \_\_\_Asian | | | \_\_\_Hawaiian Native/Pacific Islander  \_\_\_Alaska Native/American Indian  \_\_\_Hispanic/Latino | | | | | |
| \_\_\_ Other - Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **B.** Is the student a special needs student? | | \_\_\_\_ Yes \_\_\_\_ No  If yes, please specify the child’s special need(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **SECTION IV: CHILD’S HOUSEHOLD INFORMATION** | | | | | | | | | |
| **A.** Participant Lives With: | | | | \_\_\_\_ One parent  \_\_\_\_ Both parents  \_\_\_\_ Guardian/Caregiver  \_\_\_\_ Foster Home | | | \_\_\_\_ Group Home  \_\_\_\_ Grandparents  \_\_\_\_ Other | | |
| **B.** How many people are in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| I certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in the afterschool care program.  Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |



**High Achievers Program**

**Essay**

**Answer the following:**

* + - 1. *What does it to you to be referred to as a leader?*
      2. *How can you promote leadership within your school, friends, family, and/or community?*
      3. *Why do you want to be apart of this leadership program?*
      4. *How will you strive to be a leader inside and outside of the Program?*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this essay with your information sheet.**



***Dear Teacher/Mentor, a student has expressed interest in participating in the Georgia College High Achievers Program. The HAP is a youth development afterschool program that focuses on leadership preparation using apprenticeship and project-based learning. This evaluation will not hinder the student’s participation, but helps to measure the achievement of the student. Please rate the student based on his/her attributes and performance in your classroom. After you have completed the evaluation form, please place in the envelope provided, seal and sign the back of the envelope, and return to the student.***

Participant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rating Key:** 1=unsatisfactory 2=fair 3=satisfactory 4=very good 5=excellent

|  |  |  |
| --- | --- | --- |
| **Attributes & Performance** | **Rating (circle)** | **Comments** |
| Participates in the classroom | 1 2 3 4 5 |  |
| Dress, neatness and appearance | 1 2 3 4 5 |  |
| Demonstrates initiative and drive | 1 2 3 4 5 |  |
| Attendance in your class | 1 2 3 4 5 |  |
| Keeps talking to a minimum during instruction | 1 2 3 4 5 |  |
| Confidence level is exhibited | 1 2 3 4 5 |  |
| Positive behavior is demonstrated at all times | 1 2 3 4 5 |  |
| Demonstrates leadership abilities | 1 2 3 4 5 |  |

Does this individual have the potential to become a member of the High Achievers Program?

YES \_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_