| MeNTEE MEmbership Application 2014-2015 |
| --- |
| Applicant Information |
| Name: |
| Date of birth: | Age: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Email Address: | Gender: |
| PARENT/GUARDIAN Information |
| Mother’s Name: |
| Current Address: | Home Phone: |
| City: | State: | Zip Code: |
| Cell Phone | Work phone: |
| Email: |
| Father’s Name: |
| Current Address: | Home Phone: |
| City: | State: | Zip Code: |
| Cell Phone | Work phone: |
| Email: |
| Emergency Contact |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| SCHOOL INFORMATION |
| Current School: |
| Grade: | Career Goal: | Specialized Program: |
| Counselor/Principal Name: |
| MEDICAL INFORMATION |
| Medical Insurance Provider: |
| Family Physician: | Policy No. |
| Allergies or Specific Medical Programs: |
| In Case of Emergency Contact: | Phone No. |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. |
| Signature of applicant: | Date: |
| Signature of Parent/Guardian | Date: |

**CONDUCT CODE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to live by the following Conduct Code for the duration of my participation in the 100 Black Men Mentorship Program:

I will, above all, respect myself. In doing so, I pledge to respect all those with whom I have contact during the program: mentors, teachers, guests and other students.

I understand that participation in the 100 Black Men mentorship program is a responsibility as well as a privilege. To this end, I will attend and fully participate in workshops and activities as I am able. When I am unable to attend, it is my responsibility to inform a mentor of my absence.

As a condition of my participation in the 100 Black Men mentorship program, I will exert maximum effort to maintain and where possible improve my academic grades.

100 Black Men is based on the community building fundamentals found in the Nguzo Saba (the Seven Principles). I will strive to incorporate the Nguzo Saba into all parts of my life. To do this, I will study and practice these principles each day.

Participation in this program is based on respect, responsibility, commitment and community. If I choose not to live by the principles outlined in this code, I understand that I may be dismissed and forfeit all benefits that may be gained from participation in this program.

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

Student’s Signature Date

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

Parent’s Signature Date

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

Representative, “100 Black Men” Date

**PARENTAL SUPPORT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that enrolling my son/daughter in the 100 Mentorship Program will require my full **Parental Support.** This commitment will be, but not limited to encouraging my son/daughter to attend all of the 100 Mentorship workshops unless there is a legitimate excuse. I will help with fund raising efforts. I will monitor the grades of my son/daughter and submit a copy of the report card for each report period. I will attend, or send a representative to attend the Parental Support meetings.

I will follow the aforementioned guidelines for as long as my son/daughter remains enrolled in the 100 Mentorship Program.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONDUCT CODE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that I have read the Conduct Code of the 100 Black Men Mentorship Program and witnessed the signature of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further stipulate that I will support the efforts of my child to fulfill the terms of the Conduct Code.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT TRANSPORT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hereby give permission to the mentors and volunteers of 100 Black Men of Western Pennsylvania, Inc. to transport my child to events sponsored and/or approved by 100 Black Men of Western Pennsylvania, Inc.

Parent or Guardians Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**STUDENT PHOTO RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent or legal guardian ) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student), hereby give “The One Hundred Black Men of Western PA.” consent to and authorize the use and reproduction by you, or anyone authorized by you, of any photographs which you have taken of me, in negative or positive form, for the express purpose of use in promoting and supporting the work of “The One Hundred Black Men of Western PA. without any or further compensation to me or approval by me.

Students Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardians Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent or Guardian)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am a student at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School). I hereby authorize the

release of my grades and any other information needed concerning my participation in the

Mentorship Program sponsored by the 100 Black Men of Western PA. Inc.

The grade information should be sent to:

 Dr. Wayne N. Walters

 Education Committee Chairman

 100 Black Men of Western PA Inc.

 P.O. Box 254

 Pittsburgh, PA 15230

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

Student Date

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

Parent/Guardian Date



**Senior Policy**

In addition to the mentorship program’s policy as outlined in the “Conduct Code”, there are additional policies and procedures for seniors in our program. As a senior and member of the mentorship program, you are a leader and serve as a role model for younger mentees in the program. Therefore, the expectations of senior members are outlined below:

* **Seniors must maintain a 75% attendance rate for workshops, tutoring, and activities**
* **Seniors must attend SAT preparation training**
* **Seniors must follow through on all post-secondary educational planning and procedures**
* **Seniors must complete all required program projects**

It is important to note that these policies and procedures must be adhered to for successful completion of the program and will be enforced. If seniors do not follow the senior policy, the student may forfeit all benefits that may be gained from participation in the program.

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

Student Signature Date

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

100 Black Men of Western PA, Inc. Representative Date

COLLEGE/UNIVERSITY CHECKLIST

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Activity** |  | **Deadline** |  | **Completion Date** |  | **Score** |
|  |  |  |  |  |  |  |
| **PSAT** |  |  |  |  |  |  |
|  |  |  |  |
| **SAT2** |  |  |  |  |  |  |
|  #1 |  |  |  |  |  |  |
|  #2 |  |  |  |  |  |  |
|  |  |  |  |
| **ACT** |  |  |  |  |  |  |
|  #1 |  |  |  |  |  |  |
|  #2 |  |  |  |  |  |  |
|  |  |  |  |
| **Achievement Test** |  |  |  |  |  |  |
|  |  |  |  |
| **Other Testing** |  |  |  |  |  |  |
|  |  |  |  |
| **College Apps.** |  |  |  |  |  |  |
|  #1 |  |  |  |  |  |  |
|  #2 |  |  |  |  |  |  |
|  #3 |  |  |  |  |  |  |
|  #4 |  |  |  |  |  |  |
|  #5 |  |  |  |  |  |  |
|  #6 |  |  |  |  |  |  |
|  |  |  |  |
| **FAF** |  |  |  |  |  |  |
|  #1 |  |  |  |  |  |  |
|  #2 |  |  |  |  |  |  |
|  #3 |  |  |  |  |  |  |
|  #4 |  |  |  |  |  |  |
|  #5 |  |  |  |  |  |  |
|  #6 |  |  |  |  |  |  |
|  |  |  |  |
| **College Rspncs** |  |  |  |  |  |  |
|  #1 |  |  |  |  |  |  |
|  #2 |  |  |  |  |  |  |
|  #3 |  |  |  |  |  |  |
|  #4 |  |  |  |  |  |  |
|  #5 |  |  |  |  |  |  |