

Providing post-secondary educational access to first generation students



MACAA Project Discovery Application & Information Form

2020 – 2021

MONTICELLO AREA
COMMUNITY ACTION AGENCY
**PROJECT
DISCOVERY**
Navigate Your Future



 **macaa**
From poverty to self-reliance
through education

ABOUT PROJECT DISCOVERY

For nearly four decades, Project Discovery has worked with thousands of students in the Commonwealth of Virginia. Project Discovery assists students from predominantly low to moderate-income households or students who would be the first in the family to attend college.

Project Discovery works through 19 partner agencies in 22 locations to provide programs in 122 schools. Project Discovery combines a nationally recognized curriculum of workshops that improve study skills, time management, and financial planning with assistance to students and parents applying for both admissions and financial aid.

Project Discovery also takes students to college campuses where they can meet with financial aid and admissions officers, talk with students and professors, and see for themselves that college is attainable and important.

Project Discovery believes that hardworking, meritorious students should not be deprived of an opportunity to attend college simply because of a lack of funding. The program's vision is to see that every student graduate from high school and every student who has the desire and demonstrates the ability, be able to attend post-secondary education.

The MACAA Project Discovery provides equal opportunity for all program applicants and participants. MACAA does not unlawfully discriminate on the basis of race, color, religion, or sex.

APPLICATION INSTRUCTIONS & ELIGIBILITY REQUIREMENTS

Students who meet the following criteria are encouraged to apply for Project Discovery:

- I am a student in grades 9-12; and,
- I reside in Albemarle, Fluvanna, Louisa, or Nelson County, or the City of Charlottesville; and,
- I will be a first-generation college student; OR,
- My household experiences low income.

HOW TO SUBMIT YOUR APPLICATION

Due to the sensitive nature of personal identifying information included in the application packet, **materials will NOT be accepted via email.** Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email can be intercepted and read by other parties besides the person to whom it is addressed.

Application materials may be submitted by mail to:

MACAA
ATTN: Project Discovery
1025 Park Street
Charlottesville, VA 22901

To receive a link to submit your application via a secure web portal, please contact Taneaia Dowell, Project Discovery Director, via email at tdowell@macaa.org or via phone at (434) 882-3188.

If you have questions or need assistance completing the application, please contact Taneaia Dowell, Project Discovery Director, via email at tdowell@macaa.org or via phone at (434) 882-3188.

STUDENT INFORMATION

Please complete all information accurately and completely.

Full legal name: _____
First Middle Last

Other names used: _____ SS#: _____ - _____ - _____ DL/ID#: _____

Mailing address: _____ City: _____ Zip: _____

Telephone number: _____ E-mail address: _____

Date of birth: _____ School name: _____

Sex: Female Male Marital status: Married Separated Divorced Widowed

Veteran status: Active Veteran N/A Disability status: Disables Not disabled

Race: White African American/Black Native American Native Hawaiian or Pacific Islander
 Alaskan Native Asian Two or more races Ethnicity: Hispanic Non-Hispanic

Primary language: English Spanish Chinese African languages Other: _____

PARENT/GUARDIAN INFORMATION

Please complete all information accurately and completely.

Full legal name: _____
First Middle Last

Other names used: _____ SS#: _____ - _____ - _____ DL/ID#: _____

Mailing address: _____ City: _____ Zip: _____

Telephone number: _____ E-mail address: _____

Date of birth: _____ School name: _____

Sex: Female Male Marital status: Married Separated Divorced Widowed

Veteran status: Active Veteran N/A Disability status: Disables Not disabled

Race: White African American/Black Native American Native Hawaiian or Pacific Islander
 Alaskan Native Asian Two or more races Ethnicity: Hispanic Non-Hispanic

Primary language: English Spanish Chinese African languages Other: _____

Highest level of education: GED High school Trade/Vocational Certification
 Associates Degree Bachelor's Degree Master's Degree Doctoral Other: _____

Employment status: Part-time Full-time Permanent Temporary Seasonal Unemployed

PARENT/GUARDIAN INFORMATION

Please complete all information accurately and completely. Leave blank if not applicable.

Full legal name: _____
First Middle Last

Other names used: _____ SS#: _____ - _____ - _____ DL/ID#: _____

Mailing address: _____ City: _____ Zip: _____

Telephone number: _____ E-mail address: _____

Date of birth: _____ School name: _____

Sex: Female Male Marital status: Married Separated Divorced Widowed

Veteran status: Active Veteran N/A Disability status: Disables Not disabled

Race: White African American/Black Native American Native Hawaiian or Pacific Islander
 Alaskan Native Asian Two or more races Ethnicity: Hispanic Non-Hispanic

Primary language: English Spanish Chinese African languages Other: _____

Highest level of education: GED High school Trade/Vocational Certification
 Associates Degree Bachelor's Degree Master's Degree Doctoral Other: _____

Employment status: Part-time Full-time Permanent Temporary Seasonal Unemployed

FAMILY INFORMATION

Please list all individuals that reside in the household with the student applying to participate in Project Discovery.

Name	Social Security No.	DOB	M/F	Age	Relationship to Student

HOUSEHOLD FINANCIAL INFORMATION

Please complete all applicable information requested below as it pertains to the household.

TOTAL MONTHLY HOUSEHOLD INCOME: \$				
<i>*This information is required for enrollment in Project Discovery.</i>				
Please complete the following information for all members of the household that earn income.				
Name	Income Source	Pay Period / Schedule	Income per Pay Period	Annual Income

TOTAL HOUSEHOLD BENEFIT INFORMATION			
Source	Monthly Amount	Expiration Date (if applicable)	Participating Member
TANF			
Childcare Assistance (scholarship or subsidy)			
Child Support			
SNAP			
WIC			
Gas Vouchers			
Veterans Benefits			
Supplemental Security Income (SSI)			
Social Security Disability Income (SSDI)			
Social Security Survivors Benefits			
Other, please explain:			

APPLICATION DECLARATION

My signature below confirms that all information provided herein is accurate to the best of my knowledge. Falsification of information on this application may result in dismissal from Project Discovery, and as a result, scholarships and other benefits associated with enrollment in the program will be forfeited and rescinded.

Furthermore, I agree to abide by all policies, procedures, and requirements as set forth by Project Discovery of Virginia, Inc., MACAA Project Discovery, and the school district with which I am enrolled.

Student name (print)

Student signature

Date

Parent/Guardian name (print)

Parent/Guardian signature

Date

MEDICAL INFORMATION FORM

Please complete the following information as it pertains to the student applicant.

Student name: _____ Phone no: _____

Mailing address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone no: _____

Mailing address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone no: _____

Mailing address: _____ City: _____ Zip: _____

Does your student have any illnesses we need to be aware of?

If so, please describe: _____

Is your student taking any medication for any illnesses?

If so, please describe: _____

Is your student allergic to any medication or food?

If so, please describe: _____

In case of an emergency, does Project Discovery have your permission take your child to an urgent care facility or hospital to receive medical treatment? Yes No

HEALTH INSURANCE INFORMATION		
Provider	Policy Number	ID Number

In case of an emergency, please list the person(s) to notify:

Name: _____ Relationship to student: _____

Phone number(s): _____

Name: _____ Relationship to student: _____

Phone number(s): _____

Name: _____ Relationship to student: _____

Phone number(s): _____

PARENT/GUARDIAN AUTHORIZATION

I, _____, confirm all of the information included in this Medical Information Form is accurate to the best of my knowledge.

 Parent/Guardian Signature Date

MACAA PHOTO RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by MONTICELLO AREA COMMUNITY ACTION AGENCY, I hereby give my permission and consent, now and for all time, to MONTICELLO AREA COMMUNITY ACTION AGENCY and third parties collaborating with MONTICELLO AREA COMMUNITY ACTION AGENCY to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at MONTICELLO AREA COMMUNITY ACTION AGENCY, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at MONTICELLO AREA COMMUNITY ACTION AGENCY, I authorize, according to this Release, shall belong to MONTICELLO AREA COMMUNITY ACTION AGENCY and third parties collaborating with MONTICELLO AREA COMMUNITY ACTION AGENCY. Therefore, they will have full right of disposition of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience MONTICELLO AREA COMMUNITY ACTION AGENCY;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience MONTICELLO AREA COMMUNITY ACTION AGENCY will not be subject to any obligation of confidentiality and may be shared with and used by MONTICELLO AREA COMMUNITY ACTION AGENCY and third parties collaborating with MONTICELLO AREA COMMUNITY ACTION AGENCY;
- MONTICELLO AREA COMMUNITY ACTION AGENCY and third parties collaborating with MONTICELLO AREA COMMUNITY ACTION AGENCY shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at MONTICELLO AREA COMMUNITY ACTION AGENCY; and
- MONTICELLO AREA COMMUNITY ACTION AGENCY and third parties collaborating with MONTICELLO AREA COMMUNITY ACTION AGENCY shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at MONTICELLO AREA COMMUNITY ACTION AGENCY for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge MONTICELLO AREA COMMUNITY ACTION AGENCY and third parties collaborating with MONTICELLO AREA COMMUNITY ACTION AGENCY from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience MONTICELLO AREA COMMUNITY ACTION AGENCY as described herein.

Printed Name: _____ Phone no: _____

Mailing Address: _____

Signature

Date

I am the Parent/Legal Guardian of _____ (child's name).
For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Parent/Legal Guardian

Date

PROJECT DISCOVERY OF VIRGINIA, INC. QUESTIONNAIRES

The following questionnaires provide important information to assist MACAA Project Discovery and Project Discovery of Virginia, Inc. in preparing program materials and resources that best meet the needs of students and their families. Please complete the following questionnaires completely.

Student Questionnaire

Please read each question carefully. Put a check in the box beside your response.

1. Before now, have you thought about going to college?

Yes No

Comments:

2. When you think about going to college, would you say that you are: (Check one)

Undecided A little serious
 Serious Very serious

Comments:

3. When you think about getting into college, would you say that you: (Check one)

Do not know how to get into college
 Understand a little about how to get into college
 Understand fully how to get into college

Comments:

4. When you think about the cost of college, would you say that you have a way to get the money?

Yes No

If yes, please list the way(s):

5. Do you know about the various forms of financial aid that are available for you to go to college?

Yes No

If yes, please list the form(s) of financial aid that you are familiar with:

6. Have you talked to any of the following people about going to college? (Check all that apply)

Parent(s)/Guardian(s) Teacher(s) Guidance Counselor
 Mentor Friend(s) College Representative
 Other (please specify): _____

7. How do you think your parent(s)/guardian(s) feel about your going to college? (Check one)

- Not interested Undecided
 A little interested Very interested

Comments:

8. At this time, what do you think your chances are of going to college?

- None
 Slim
 Good
 Very Good
 Excellent

9. What are the most important things you could do to increase your chances of going to college?

10. What can Project Discovery do, to help you with those things?

11. How did you hear about Project Discovery?

Parent/Guardian Questionnaire

Please read each question carefully. Put a check in the box beside your response.

1. Before now, have you thought about your student going to college?

Yes No

Comments:

2. When you think about your student going to college, would you say that you are: (Check one)

Undecided A little serious
 Serious Very serious

Comments:

3. When you think about helping your student to get into college, would you say that you: (Check one)

Do not know how to help him/her get into college
 Understand a little about how to help him/her get into college
 Understand fully how to help him/her get into college

Comments:

4. When you think about the cost of college, would you say that you and your student have a way to get the money?

Yes No

If yes, please list the way(s):

5. Do you know about the various forms of financial aid that are available for your student to go to college?

Yes No

If yes, please list the form(s) of financial aid that you are familiar with:

6. Have you talked to any of the following people about your student going to college? (Check all that apply)

Parent(s)/Guardian(s) Teacher(s) Guidance Counselor
 Mentor Friend(s) College Representative
 Other (please specify): _____

7. How do you think your student feels about going to college? (Check one)

- Not interested Undecided
 A little interested Very interested

Comments:

8. At this time, what do you think your student's chances are of going to college?

- None
 Slim
 Good
 Very Good
 Excellent

9. What are the most important things you could do to increase your student's chances of going to college?

10. What can Project Discovery do, to help you and your student with those things?

11. Please list any topics that you would like more information about and/or any questions you have about the college process.