



Alpha Leadership Project

1400 L Street, NW
Suite 400
Washington, DC 20005
202-783-2716
www.alpha.dccap.org



Parent/Guardian Application

Please print clearly.

Please turn in Parent Application with Student Application to the DC-CAP Advisor in your son's high school.

Parent/Guardian Information

Name: (Last)				(First)				(Middle)							
Home Address:						Apt. #									
City:				State:				Zip Code:				Ward:			
Home Phone: ())						E-mail:									
Gender: <input type="checkbox"/> Male				<input type="checkbox"/> Female				Cell Phone:							
Birth date: (month/day/year)															

Student Information

Name:						SSN#:					
Relationship to Student:						High School:					

Parent/Guardian Education

Please tell us the highest grade or degree you and /or your spouse completed:											
Have you received additional training:											
Hobbies or volunteer activity:											

Parent/Guardian Employment

Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes, where?						How long?					
If your work hours are unusual (not "9 to 5"), please tell us what they are:											

What is the best time for you to meet for workshops/training?

General Information

<input type="checkbox"/> African	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Hispanic/Latin American	<input type="checkbox"/> Other _____
<input type="checkbox"/> American Indian/Alaskan Native		

(over)

Demographic Information – This information is used for program evaluation in order to provide appropriate services. This information will not be shared with any other agency.

Household Income

<input type="checkbox"/> \$0 - \$15,000	<input type="checkbox"/> \$ 45,001 - \$60,000
<input type="checkbox"/> \$15,001 - \$30,000	<input type="checkbox"/> \$60,001 - \$75,000
<input type="checkbox"/> \$30,001 - \$45,000	<input type="checkbox"/> \$75,001 +

Parent/Guardian’s Medical Conditions (if any):

Parent/Guardian’s Disabilities (if any):

Is either of the student’s parents currently incarcerated? If so, who?

Language(s) spoken in the home other than English:

How did you hear about the Alpha Leadership Project?

Is there anything else you would like us to know about your family?

I understand and agree that ALP may use my name, photo and voice in audiotapes, videotapes, film, photographs or their web page for marketing purposes. All information provided will be treated as confidential solely and will only be used by the DC College Access Program (DC-CAP) for the purpose of assessing volunteer candidates’ qualifications for acceptance into The Alpha Leadership Project.

“I certify that the information contained in this application is true and complete to the best of my knowledge.”

Parent/Guardian Signature Date

FOR OFFICE USE ONLY

Application Rec’d.	Entered in Dbase	Orientation Date

Please be sure to tell other family and friends that have rising 9th graders about the Alpha Leadership Project.