



Alpha Leadership Project

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



Student Application

Please print clearly. Use ink. NO PENCILS please.
 Please turn in applications to the DC-CAP Advisor in your high school.

Name: (Last)	(First)	(Middle)
Home Address:		Apt. #
City:	State:	Zip Code:
Home Phone: ()		E-mail:
Age:	Cell Phone:	
(month/day/year)		
Birth date:	DCPS ID Number:	SSN#:

Parent/Guardian Information

Name:	Relationship to Student:
Email Address:	
Home Phone: ()	Work Phone: ()

Education

High School:	Planned Graduation Year:
Are you enrolled in an Academy? Yes No If yes, what is the Academy's area of focus?	
Favorite Subject(s):	
Extracurricular Activities:	
Do you have an Individual Education Plan? Yes No	

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		

How did you hear about Alpha Leadership Project.?
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(over)

Are you employed? Yes No If yes, where?

What is your work schedule?

Hobbies, favorite recreational activities: Please check all that apply

<input type="checkbox"/> Computers/Video Games	<input type="checkbox"/> Museums	<input type="checkbox"/> Theater	<input type="checkbox"/> Sports (general)
<input type="checkbox"/> Cooking/Eating Out	<input type="checkbox"/> Music (general)	<input type="checkbox"/> Reading	<input type="checkbox"/> Basketball
<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Dancing	<input type="checkbox"/> Writing	<input type="checkbox"/> Football
<input type="checkbox"/> Movies	<input type="checkbox"/> Listening to music	<input type="checkbox"/> Shopping	<input type="checkbox"/> Tennis
	<input type="checkbox"/> Playing music		<input type="checkbox"/> Working out
<input type="checkbox"/> Other (please specify) _____			

Please share why you want to be involved with the Alpha Leadership Project.

Please share some of your personal strengths.

Please share some personal areas where you would like to get better.

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. "I certify that the information contained in this application is true and complete to the best of my knowledge." 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 candidates' qualifications for acceptance into The Alpha Leadership Project.

PARENT/GUARDIAN SIGNATURE REQUIRED IF STUDENT IS UNDER 18:

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Rec'd.	Entered in Dbase	Orientation Date