

# Alpha Kappa Alpha Sorority, Inc. Gamma Theta Omega Chapter

Post Office Box 1246  
Tampa, Florida 33601



July 1, 2017

Dear Prospective **ASCEND<sup>SM</sup>** Student,

Alpha Kappa Alpha Sorority, Inc., has been improving the lives of others with innovative, high-impact programs since 1908. The 2014-2018 International Program will focus on *Launching New Dimensions of Service*. **Our signature youth enrichment program, ASCEND<sup>SM</sup>** (Achievement, Self-Awareness, Communication, Engagement, Networking and Developmental Skills) is designed to motivate, engage and assist high school students in reaching their maximum potential.

The **ASCEND<sup>SM</sup>** Program will emphasize and provide information and activities on the United Nations Association of the United States of America (UNA-USA), and Science, Math and Related Technologies (SMART) careers. In addition, participants will gain experience and exposure to academic enrichment and life skills training. Activities will include community service, cultural enrichment, job skills exploration, and educational preparation. The **ASCEND<sup>SM</sup>** Program is open to females and males in grades 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> who are in good academic standing with a minimum cumulative grade point average of a "C" (2.00).

**The following documents must be submitted online (akagto.com) or during the Gamma Theta Omega Youth Programs Open House:** Completed ASCEND Program Student Application Form

- Signed Student Code of Conduct & Responsibility Contract
- Signed Parental Consent & Responsibility Form
- One Letter of Recommendation (teacher, minister, school counselor, or other)
- School Transcript
- Essay on "What do you hope to gain by participating in the **ASCEND<sup>SM</sup>** Program"

**Late applications may not be accepted as the number of open slots are limited.**

The Gamma Theta Omega Chapter of Alpha Kappa Alpha Sorority will accept applications for the 2017-2018 **ASCEND<sup>SM</sup>** Program via online submission (akagto.com) and during our mandatory Gamma Theta Omega Youth Programs Open House to be held in August 2017. Date, Time and Location to be announced.

Students accepted into the program will receive a personal invitation to attend the **ASCEND<sup>SM</sup>** Kick-Off Session to be held in September 2017. The Date, Time and Location to be announced.

For additional information, please contact Karen Cooper, **ASCEND<sup>SM</sup>** Program Chairman, at kcooper\_ismba@juno.com / (813) 767-1295 or visit the Contact Us on the Gamma Theta Omega Chapter's website at [www.akagto.com](http://www.akagto.com).

Committed to Service,

*Debra K. Barnes*

Deborah K. Barnes, President

*Karen Cooper*

Karen Cooper, ASCEND<sup>SM</sup> Program Chairman



**Alpha Kappa Alpha Sorority, Incorporated**  
**Gamma Theta Omega Chapter**

**ASCEND<sup>SM</sup> Program**

## **APPLICATION CHECKLIST**

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

**The following documents are attached:**

- \_\_\_\_\_ ASCEND Program Student Application Form
- \_\_\_\_\_ Signed Student Code of Conduct & Responsibility Contract
- \_\_\_\_\_ Signed Parental Consent & Responsibility Form
- \_\_\_\_\_ ASCEND Pre/Post Assessment
- \_\_\_\_\_ School Transcript with Registrar Seal
- \_\_\_\_\_ Letter of Recommendation (one)
- \_\_\_\_\_ Essay on "What do you hope to gain by participating in the **ASCEND<sup>SM</sup>** Program"

*I understand that an incomplete application and documents submitted late will not be accepted and will render the application null and void.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Documents Received by \_\_\_\_\_



## Student Code of Conduct & Responsibility Contract

As a participant of the ASCEND program:

1. I agree to abide by the rules and regulations set forth by the ASCEND personnel and to conduct myself with respect.
2. I agree to be cooperative and follow instructions ensuring that I respect adults and all authorized authority.
3. I will not bully or participate in negatively speaking to or of anyone nor act in a violent manner.
4. I will provide a copy of my recent grade report with the application.
5. I will remain in good academic standing with a cumulative minimum average of a "C" or its equivalent.
6. I understand that my membership may be revoked after three unexcused absences from meetings and activities within an academic year and that I must notify the ASCEND program personnel of any absence.
7. I understand that my personal and private information will not be shared with any individuals, agencies or institutions without my parent's written consent.
8. I will participate in workshops and activities that seek to prepare me for a career and or college attendance.
9. I will be fully engaged in attending program meeting and activities that will include civic and cultural activities.
10. I understand that I cannot bring guests to meetings or activities without prior consent or knowledge of the ASCEND program personnel.
11. I understand my admission and participation in the program is voluntary and maybe terminated by any party of this agreement at any time.
12. I understand that I may be photographed or videotaped during the program meetings and activities for use of such images to be used by Alpha Kappa Alpha Sorority, Inc. and ASCEND program personnel in print or electronic media for promotion of the program.
13. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel.
14. I will evaluate the ASCEND program when requested.

By affixing my signature below, I certify that I have read all of the above information and agree with code of conduct and responsibilities as a participant of the ASCEND program.

\_\_\_\_\_  
Student/Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/Applicant Signature

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Email



# ASCEND Application Packet



## Parental Consent & Responsibility

As the parent or legal guardian of \_\_\_\_\_ (hereinafter to as “she” or “her” or “he” or “his”), I hereby certify and affirm the following:

1. I am legally entitled to give consent for her/his participation in the ASCEND program.
2. I acknowledge that she/he will be enrolled in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade and a student in good academic standing with a cumulative minimum average of a “C” or its equivalent (new applicants must be matriculating in 9<sup>th</sup>-12<sup>th</sup> grade at the time of participation). Students with less than a “C” average will be placed on probation and must show improvement to remain in the program.
3. I am aware that upon application to the ASCEND program, I must provide a copy of her/his most recent grade report.
4. I understand that program membership may be revoked after three unexcused absences from meetings and activities within an academic year and I must notify the ASCEND program personnel of any absence.
5. I understand that her/his personal and private information will not be shared with any individuals, agencies or institutions without my written consent.
6. I understand that she/he will be involved with workshops and activities that seek to prepare her/him for career and/or college which will also include community service and cultural enrichment activities.
7. I understand that it is my responsibility to make sure that she/he is present at all program activities.
8. I authorize permission for her/him to attend all sanctioned enrichment and cultural excursions that are off-site from the regular meeting place.
9. I understand that guests (i.e., younger siblings, friends, un-enrolled students) should not be brought to the meeting or activities without prior consent or knowledge of the ASCEND program personnel.
10. I understand that her/his admission and participation in the program is voluntary and may be terminated by any party of this agreement at any time.
11. I authorize the ASCEND program personnel to transport her/him (or arrange transportation) to a hospital or medical facility in the event that I cannot be reached and authorize consent to examination, care and treatment as deemed necessary by a licensed physician or dentist.
12. I understand that she/he may be photographed or videotaped during the program meetings and activities and give my consent for use of such images by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel in print or electronic media used to promote the program.
13. I understand that as the parent or legal guardian, I may be called upon to attend a mandatory parental orientation, periodic meetings and program activities. In the event I cannot attend, I agree to send an adult representative in my place.
14. I relieve Alpha Kappa Alpha Sorority, Inc. and ASCEND program personnel from any liability that may arise during her/his involvement in the ASCEND program meetings and activities.
15. I understand that this form will be kept on file by Alpha Kappa Alpha Sorority, Inc. and the ASCEND program personnel.
16. Termination of a student’s involvement in ASCEND will be in writing.

By affixing my signature below, I certify that I have read all of the above information and agree with the provisions and my role and responsibilities.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Relationship to Applicant/Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Email





## ASCEND Pre/Post-Assessment

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

Directions: Tell us what you think about the agricultural sciences as a career. Using the scale that follows, please choose the number that best describes your response to the items below.

1 = Strongly Disagree   2 = Disagree   3 = Neutral   4 = Agree   5 = Strongly Agree

Circle one

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I know very little about courses I will need to take to be ready for college.               | 1 | 2 | 3 | 4 | 5 |
| 2. I plan to study for the ACT or SAT to prepare for college.                                  | 1 | 2 | 3 | 4 | 5 |
| 3. I enjoy math and science classes in school.   | 1 | 2 | 3 | 4 | 5 |
| 4. I know about historically black colleges and universities.                                  | 1 | 2 | 3 | 4 | 5 |
| 5. I know how and when to apply for financial aid.   | 1 | 2 | 3 | 4 | 5 |
| 6. The cost of college is a factor in my plans to attend.                                      | 1 | 2 | 3 | 4 | 5 |
| 7. I plan to work after high school.   | 1 | 2 | 3 | 4 | 5 |
| 8. The military or community college are options for me.                                       | 1 | 2 | 3 | 4 | 5 |
| 9. I am interested in learning about people from other countries.                              | 1 | 2 | 3 | 4 | 5 |
| 10. Understanding racial and cultural differences is necessary to be successful in any career. | 1 | 2 | 3 | 4 | 5 |

Please provide the following information.

- Gender: \_\_\_\_\_ 2. Race/Ethnicity: \_\_\_\_\_
- Are you from a: Rural area \_\_\_\_\_; Urban area \_\_\_\_\_; or Suburban area \_\_\_\_\_?
- Do you participate in other activities outside of school? If so, list those activities.
- What type of high school do you attend:
 

_____ Public	_____ Parochial	_____ Home school
_____ Private	_____ College preparatory	_____ Other
- What is the student population like at the high school you attend?
 

_____ Majority Hispanic	_____ Equal mix of all groups	_____ All female
_____ Majority African-American	_____ Majority White/Caucasian	_____ All male
_____ Majority Asian American	_____ Other (please specify) _____	
- Do you participate in a college preparatory program (e.g., magnet, honors, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do you take courses outside of your regular high school classes (e.g., Saturday classes, college courses)?  
If yes, please specify what types. \_\_\_\_\_

**Thank you for completing this survey!**

