



Alpha Kappa Alpha Sorority, Incorporated®  
Upsilon Tau Omega Chapter  
P.O. Box 44974  
Fort Washington, MD 20749

The Upsilon Tau Omega Chapter of Alpha Kappa Alpha Sorority, Incorporated® is pleased to announce the launch of its signature youth enrichment program, **ASCEND<sup>SM</sup>**.

**ASCEND<sup>SM</sup>** is an educational enrichment program, which is designed to motivate, engage and assist high school students (9th – 12th grade) in reaching their maximum potential.

**ASCEND<sup>SM</sup>** will focus on **A**chievement, **S**elf-Awareness, **C**ommunication, **E**ngagement, **N**etworking and **D**evelopmental **S**kills. Students in the **ASCEND<sup>SM</sup>** Program will have an opportunity to receive academic enrichment and life skills training to support their journey to college or vocational employment. Applications will be accepted for each year based on the following schedule:

**Cycle 4 - September 2017 - June 2018 - Applications due by September 8, 2017**

If you would like to receive more information on the **ASCEND<sup>SM</sup>** program, please email [mariesmith0825@gmail.com](mailto:mariesmith0825@gmail.com). High school students who are interested in applying for the program, please complete the following steps, along with the application packet:

- Most recent academic report card
- A letter of recommendation from a teacher or community leader

The ASCEND Application Packet includes the following:

- Parental Consent and Responsibility Form
- Student Code of Conduct and Responsibility Contract
- ASCEND Application Packet, ASCEND Student Application
- ASCEND Pre/Post Assessment Form

Applications should be mailed to the following address: Upsilon Tau Omega Chapter Attn: ASCEND<sup>SM</sup> Program P.O. Box 44974 Fort Washington, MD 20744 or emailed to [mariesmith0825@gmail.com](mailto:mariesmith0825@gmail.com). The applications must be postmarked by September 8, 2017.

# ALPHA KAPPA ALPHA SORORITY, INC.

## UPSILON TAU OMEGA CHAPTER



ASCEND is an educational enrichment program for girls and boys designed to motivate, engage, and assist high school students (9th – 12th grade) in reaching their maximum potential through their journey to college or vocational employment.

Applications for September 2017 - June 2018 session are due by September 5, 2017

For more information on the ASCEND program, please email  
[education\\_enrichment@akaupsilontauomega.org](mailto:education_enrichment@akaupsilontauomega.org)

See REVERSE for application details

# ALPHA KAPPA ALPHA, SORORITY INC.®

## UPSILON TAU OMEGA CHAPTER



The ASCEND Application Packet includes the following:

- Parental Consent and Responsibility Form
- Student Code of Conduct and Responsibility agreement
- ASCEND Application Packet, ASCEND Student Application
  - ASCEND Pre/Post Assessment Form

This program is free.

Applications should be emailed  
to [education\\_enrichment@akaupsilontauomega.org](mailto:education_enrichment@akaupsilontauomega.org) or mailed to the following  
address:

Upsilon Tau Omega Chapter  
Attn: ASCEND Program  
P.O. Box 44974

Fort Washington, MD 20749

The applications must be postmarked by September 5, 2017.

# ASCEND Application Packet



## ASCEND Program Student Application Form

### Applicant Information

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Home Number) (Cell Number)

Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade Level : \_\_\_\_ 9<sup>th</sup> Grade (Freshman) \_\_\_\_ 10<sup>th</sup> Grade (Sophomore) \_\_\_\_ 11<sup>th</sup> Grade (Junior) \_\_\_\_ 12<sup>th</sup> Grade (Senior)

High School Name \_\_\_\_\_

High School Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Current GPA (if applicable) \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

### Career Interest (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture, Food & Natural Resources                   | <input type="checkbox"/> Human Services (e.g., Social Work, Counseling)                            |
| <input type="checkbox"/> Architecture & Construction                             | <input type="checkbox"/> Information Technology  |
| <input type="checkbox"/> Arts  | <input type="checkbox"/> Law, Public Safety, Corrections & Security                                |
| <input type="checkbox"/> Audio/Visual Technology                                 | <input type="checkbox"/> Management & Administration   |
| <input type="checkbox"/> Communications  | <input type="checkbox"/> Manufacturing   |
| <input type="checkbox"/> Business  | <input type="checkbox"/> Marketing   |
| <input type="checkbox"/> Education & Training                                    | <input type="checkbox"/> Military Services (e.g., Army, Marines, Navy, or Reserves)                |
| <input type="checkbox"/> Finance Planning  | <input type="checkbox"/> Science, Technology, Engineering & Math (STEM)                            |
| <input type="checkbox"/> Government & Public Administration Planning             | <input type="checkbox"/> Transportation, Distribution & Logistics                                  |
| <input type="checkbox"/> Health Science (Medicine, Dentistry, Nursing, Pharmacy) | <input type="checkbox"/> Vocational Trade (e.g., Automotive, Construction, Industrial, Technician) |
| <input type="checkbox"/> Hospitality & Tourism                                   | <input type="checkbox"/> Other   |

### Parental/Legal Guardian Information

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone \_\_\_\_\_ Email \_\_\_\_\_  
(Home Number) (Cell Number)

### Emergency Contacts

Name \_\_\_\_\_  
(Last Name) (First Name)

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_  
(Last Name) (First Name)

Phone \_\_\_\_\_

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!**





## 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

