



FOR OFFICIAL USE ONLY:
 (Available Date & Time for Tutoring and/or Mentoring)
 Mon- _____ Tues- _____ Wed- _____
 Thurs- _____ Fri- _____ WALK-IN
 Assigned to : _____

FOR OFFICIAL USE ONLY:
 Received Date: _____
 By: _____
 Filed On: _____
 Eligible Not Eligible
 Early Intervention
 NOTES:

2017-2018 Project PROA APPLICATION

PART A: STUDENT INFORMATION
 Name (Last/First/Middle Initial): _____

 Name of School (currently attending): _____
 Grade Level: 11th Grade 12th Grade First Year of College
 Other (please specify): _____
 Date of birth (MM/DD/YYYY): ____/____/_____
 Gender: Male Female
 Mailing Address (P.O. Box/City/State/Zip Code): _____

 Home Phone: _____ Cell Phone: _____
 E-mail Address: _____@_____
 NMC Power Campus ID: _____
 Marital Status: Single Married Divorced/Separated Widowed

PART B: CITIZENSHIP, ETHNIC BACKGROUND AND LEGAL RESIDENCY

1a. CITIZENSHIP:

- US Citizen US Permanent Resident
 Republic of the Marshall Islands Republic of Palau
 FSM Citizen (select one): Chuuk / Pohnpei / Kosrae / Yap
 Other (please specify): _____

1b. ETHNIC BACKGROUND(s): Check all that apply.

- Chamorro Marshallese Filipino Caucasian
 Carolinian Palauan Chinese African American
 Chuukese Pohnpeian Japanese Native American
 Kosraean Yapese Korean Hispanic/Latino
 Other (please specify): _____

2. STATE OF LEGAL RESIDENCE:

- Saipan
 Tinian
 Rota

PART C: EDUCATIONAL AND CAREER GOALS

- Graduate with an AA/AS Graduate with BA/BS
 Graduate with Masters Graduate with Doctorate
 Transfer to a 4 year college/university Trade/Vocational School Certification
 Need help deciding Undecided

College Major(s): _____

PART D: SERVICES

Please select the services you are interested in receiving. Check all that apply.

- Academic Counseling College Counseling Financial Aid Guidance
 Mentoring Tutoring Transfer Support
 Career Readiness (Example: resume writing, interview skills)

PART E: PARENT/GUARDIAN INFORMATION (Required for students under 18 only)

Father/Guardian (Last/First/Middle Initial): _____

Mailing Address (City/State/Zip Code): _____

Place of Employment: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Educational Background:

- | | | |
|--|---|--|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School diploma | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree | |

Mother/Guardian (Last/First/Middle Initial): _____

Mailing Address (City/State/Zip Code): _____

Place of Employment: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Educational Background:

- | | | |
|--|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Some college | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High School diploma | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Trade/Vocational |

PART F: EMERGENCY CONTACT INFORMATION

In case of emergency, Project PROA will contact the following:

Name: _____ Relationship to student: _____

Home phone: _____ Work phone: _____

Cell phone: _____

PART G: CONSENT AGREEMENT

My child, _____, has my permission to participate in Project PROA and all scheduled and related activities.

I release the Northern Marianas College, Project PROA, and all affiliated Project PROA partners, and its respective directors, officers, agents, and employees (collectively, "Releasees") from liability for any loss, damage, injury or illness resulting from my child's participation in Project PROA.

On behalf of my child and myself, I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releasees or any of them.

In the case of injury or illness, I authorize Project PROA representatives to seek all necessary medical attention for my child. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred. I remain fully responsible for any actions taken by my child.

I also note that – although my child will be accompanied much of the time by the Releasees – they cannot monitor my child 100% of the time. If Project PROA discovers that my child has left his/her group, or has done anything to risk his/her safety or the safety of someone else, I will be called and my child asked to leave the program immediately.

I further understand that my child's participation in Project PROA may involve coverage in the media. I hereby release any claim I may have surrounding rights to my child's name, image, voice or likeness in connection with publicity for NMC, Project PROA, or affiliated partners.

I also agree to release my child's grade from the high schools to Project PROA, so that the program can track their academic progress.

I affirm that I have read and understood this document and agree to its terms.

Parent/Guardian Signature (Print and Sign)
(If the applicant is under the age of 18)

Date

CONSENT AGREEMENT (Continued)

I am signing this Consent Agreement for myself as a participant. I acknowledge that I am eighteen (18) years of age or older and that I understand the terms of this Consent Agreement.

Applicant Signature (Print and Sign)

Date

PART H: SIGNATURES

All appropriate signatures are required.

I hereby certify that the information provided in this Project PROA application is, to the best of my knowledge, true and correct. In addition, I authorize the high school and/or post-secondary institution I am attending to release to Project PROA, if requested by Project PROA, my son's/daughter's official grades and transcripts. By submitting this application, I am giving Project PROA permission to verify information on this form.

Applicant Signature (Print and Sign)

Date

Parent/Guardian Signature (Print and Sign)
(If the applicant is under the age of 18)

Date

PART I: HIGH SCHOOL INFORMATION

To be completed by your high school counselor (if applicable):

Reading Score: _____

Math Score: _____

Student receives a free or reduced meal: Yes No

Name of School Counselor: _____

School Counselor Signature

Date