

EDUCATE TOMORROW — SUMMER SCHOLARS' PROGRAM

Educate Tomorrow Summer Scholars Camp is a long standing summer program implemented by Educate Tomorrow which brings deserving youth who are in or have been diverted from the dependency system, summer enrichment opportunities to create an intentional, academically focused, life-skills and personal growth experience for high school youth.

In partnership with local community partners (University of Miami, Miami Dade College, The Public Defenders' Office, Motivational Edge, NFTE), students will have a full 6 weeks of programs that will not only prepare them for a successful academic year — this experience will create life-long bonds and connections to support and services that will carry them from their teens into adulthood.

The goal of Educate Tomorrow's Summer Programming is to create a holistic summer enrichment program grounded in literacy, college readiness, computational science, and entrepreneurship training/opportunities, while keeping students engaged and retaining academic progress made during the academic school year.

Note: We will have Two(2) tracks — both lasting approximately six(6) weeks.

Students will be assigned to each program accordingly.

Track A

This 6-week program will begin with a two 3-hour days of Orientation and then 2 weeks at the Public Defenders' Office. The remaining 4 weeks will be spent at University of Miami where the scholars will spend their days enrolled in curriculums based on Computational Science and Entrepreneurship.

Track B

This 7-week program will begin with two 3-hour days of Orientation and then 2 weeks at the Public Defenders Office. The remaining 4 weeks will be spent at Miami-Dade College where the scholars will spend their days enrolled in an Educate Tomorrow built life skills curriculum. Educate Tomorrow, in collaboration with other community partners, has created this curriculum, which is geared to engage an **all-male cohort** with reflective journalism, leadership development etc..

Upon conclusion of the programs, each scholar will be eligible for incentives. Scholars must complete 90% of programs to be eligible. Some exceptions will apply on a case-to-case basis.

Transportation will be PROVIDED!

Devin Floyd

Director of Mentoring

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EDUCATE TOMORROW

SUMMER SCHOLARS PROGRAM 2017

YOUTH INFORMATION - Complete with youth

Youth's Name: _____ SS#: _____ - _____ - _____

Date of Birth: ___/___/___ Age: _____ Gender: _____ T-Shirt size: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell Phone: _____

Email: _____

Case Manager Name: _____ Agency: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Foster Parent/Guardian Name (if applicable): _____

Foster Parent/Guardian Phone: _____ Email: _____

Guardian Ad Litem Name (if applicable): _____ Phone: _____

RACE - Mark one or more:

Black/African American

White

American Indian/Alaska Native

Asian

Pacific Islander

Other _____

ETHNICITY - Mark one or more:

Hispanic, Latino/a

Haitian

Other _____

Country of Origin: _____

Do you speak proficient English? Circle one: Yes / No

Other language(s) spoken in the home: _____

Do you have any children? Circle one: Yes / No If yes - How many children? _____

Are your parents in prison? Circle one: Yes / No If yes - Circle: Mother, Father, or Both

Living Arrangement - Circle one:
Parents, Foster Home, Group Home, Relatives, Self, Friends, Homeless Shelter, Homeless, Other

SCHOOL INFORMATION

Name of School: _____ Grade Level: _____
Date of Graduation: _____ Diploma Earned: _____
Current G.P.A.: _____ MDPS ID#: _____
MDPS Portal Password: _____

Special Education? Circle one: Yes / No
If yes, please describe: _____

MEDICAL INFORMATION/HISTORY

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Do you have a disability? Circle one: Yes / No If yes, what? _____

Do you have Medicaid? Circle one: Yes / No Medicaid Number: _____

Are you currently seeing a counselor or therapist? - Circle one: Yes / No
If yes, please provide name, agency and contact information:

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

(Print) Youth's Name _____

Youth's Signature _____ Date ____/____/____

(Print) Guardian or Case Manager Name _____

Guardian or Case Manager Signature **(Required if under-18)** _____ Date ____/____/____

Please use any method to return this application to:

EDUCATE TOMORROW, Corp.
1717 N. Bayshore Drive, Suite 203
Miami, FL 33132
Fax: 866-897-1564
info@educatetomorrow.org

Office use: Date Received: ____/____/____ Received by: _____

