

**College and Career Exchange Enrichment Program**

**2019-2020**

**Application Packet**

**Deadline: Friday, October 18, 2019**

Dr. Dwionne Freeman, *Director*

Career, Technical and Agricultural Education (CTAE)

**Contact: Dr. Theo Smith, Jr., *Coordinator***

Atlanta Public Schools

256 Clifton Street, SE

Atlanta, Georgia 30317

404.802.5979 | 404.802.5978 Fax



**College and Career Exchange Enrichment Application (CCEE)**

(Please print clearly using ink or type)

**Contact Information**

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| **Name:** |  | | | | | | | | |  |  | | | | |  | | |  | |
|  | *First name* | | | | | | | | | *M.I.* | | | | | | | | *Last Name* | | |
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| **Current Address:** | | | | | |  | | | | | | | | | | | | | | |
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| **Permanent Address:** | | | | | | | |  | | | | | | | | | | | | |
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| **Cell Phone:** | | |  | | | | | | |  | **Email:** | | | | | | |  | | |
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| **Alternate Email:** | | | | |  | | | | | |  | | **Home Phone:** | | | | | | |  |
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| **Permanent Telephone:** | | | | | | | | |  | |  | | | |  | | | | | |

**Demographic Information**

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| **Date of Birth:** |  | | **Gender:** | |  |
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| **Student I.D.:** |  | **High School:** | | |  |
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| **Are you a U.S. Citizen?** *(check one)* Yes [ ] No [ ] | | | | | |

**Scholastic Information**

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| --- | --- | --- |
| **Current Class Standing:** | | *(check one)* Rising Sophomore [ ] Rising Junior [ ] Rising Senior [ ] |
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| **Cumulative GPA** |  | |
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| **CTAE Pathway** |  | |
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**Special Needs or Circumstances**

If you have a physical condition for which accessible, on-campus housing or classroom accommodation may be needed; a documented disability which may require academic accommodation (e.g., note takers, taped texts); a medical condition which might require immediate attention during exchange; or a condition which might affect emotional or mental well-being during exchange, you are encouraged to identify your needs by attaching a separate page indicating the nature and extent of your circumstances and arrangements which are currently being made for you. APS does not discriminate on the basis of special needs. Rather, your disclosure at this stage of the application process is invited in order to assist you in identifying a placement site which can provide reasonable accommodation of your needs.

**Other Considerations**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Are you on probation, parole, or have any legal judgments pending against you either inside or outside campus?** | | | | | | | | | | | |
|  | Yes [ ] | No [ ] | **If yes,** please explain: | |  | | | | | | |
|  | | | | | | | | | | | |
| **Are you allergic to any medicine, food, animals, etc.?** | | | | | | Yes [ ] | | No [ ] | **If yes,** please list: | |  |
|  | | | | | | | | | | | |
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| **Do you follow any dietary restrictions?** | | | | Yes [ ] | | No [ ] | **If yes,** please list:: | | |  | |
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| Are you currently under any campus disciplinary action for violation of codes of academic or student conduct? | | | | | | | | | | | |
|  | Yes [ ] | No [ ] | If yes, please explain: | |  | | | | | | |
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**Language Proficiency**

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| **What is your native language?** | | *(Check all that apply)* | | | | [ ] English | | [ ] Spanish | [ ] French |  |
| [ ] Other: |  | | | |  | | | | | |
| **Number of years enrolled in a Foreign Language:** | | | |  | | |  | | | |
| **Please list Foreign Language(s):** | | |  | | | | | | | |

**Recommendations/References**

List two individuals who you will ask to write references for you. If is preferable to have at least Atlanta Public Schools faculty member or professional staff person provide a reference for you.

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|  |  |  |  |  |
| Reference |  | Department/Office |  | Telephone |
|  |  |  |  |  |
| Reference |  | Department/Office |  | Telephone |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Contact** | | | | | | | | | | |
| **Name:** | | |  |  |  |  | | |  | |
|  | | | First name |  | M.I. |  | | | Last Name |  |
| **Street Address:** | | |  | | | | | | | |
| **City, State & Zip** | | |  | | | | | | | |
| **Relationship:** |  | | |  | **Email:** | |  | | | |
| **Home Phone:** | |  | |  | **Cell Phone:** | | |  | | |
| **Release of Information**  Please read the following statements and sign below:   * I understand that it will be necessary for my campus to obtain certain information about my academic and non-academic record in order to:   + Ascertain my eligibility and suitability for an exchange through APS   + Facilitate my exchange after it is arranged. I hereby grant permission to the APS coordinator and/or designee to obtain information that is appropriate to my application and participation in the exchange including, but not limited to, letters of recommendation, permanent academic records and transcripts, conduct, fiscal records, medical records, all for the purposes of exchange placement and participation, continuation, or termination. * I give permission to the APS coordinator and/or designee to contact appropriate personnel in order to verify that I am under no disciplinary action for violation of codes of academic and student conduct and/or that I have no judicial cases pending which would invalidate my eligibility for exchange. * I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the APS application process to my home APS Coordinator, designee, and those individuals/committees responsible for reviewing and approving my application for exchange participation. * I hereby release information contained in my application, letters of recommendation, transcripts, and other information required as part of the APS application process to the National Student Exchange Central Office and to the APS host institution at which I am placed.      |  |  |  | | --- | --- | --- | |  |  |  | | Signature | | Date | |  | |  | | | | | | | | | | | |

**Statement of Purpose**

I have read and fully understand:

* Information on APS eligibility, policy, and procedures presented.
* Campus policies and procedures governing my exchange participation and the expectations of CCEE Program governing participation.

I further understand that:

* Participating in the CCEE is a privilege and not a right.
* No, course credit will be awarded.
* Submitting an application is not a guarantee of application acceptance or placement
* I must, at all times prior to and during my exchange, meet the eligibility requirements (academic, and behavioral) of the program and those of my home and host campuses, and that failure to do so will result in the cancellation of my exchange.
* Upon completion of my exchange, I will submit a brief summary/evaluation of my exchange experience describing how the exchange benefited me.
* It is the responsibility of the parent/guardian to fund all traveling cost associated with student on the program.

If accepted for participation in the CCEE program, I agree to adhere to all the rules and regulations of both my home and host institutions. Failure to do so will result in the cancellation of my participation in the exchange program.

I affirm that all information is completion, accurate, and true to the best of my knowledge. I acknowledge that I am signing freely, voluntarily, and under no compulsion.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Signature | | Date |
|  |  |  |
| Parent Signature | | Date |

Type or print neatly a brief (approximately 250 words) summary of your academic, career, personal goals. Explain how participation in the **College and Career Exchange Enrichment Program** will help you reach them.

**College and Career Exchange Enrichment Program**



**Atlanta Public Schools/CTAE**

**256 Clifton Street, SE**

**Atlanta, Georgia 30317**

**404-802-5979**

**LETTER OF RECOMMENDATION** (1)

**Applicants Should Complete This Section**

|  |
| --- |
|  |
| Applicant’s Name Major Class |
|  |
| Name and Address of Person Submitting Reference |

The above name student has given your name as a reference to support their application or participation in the CCEE Program. The program provides APS students the opportunity of attending another university without paying out-of-state tuition, thus allowing the students to take specialized course, experience new lifestyles, and appreciate different cultural perspectives at a minimal extra cost.

In order that we can feel justified in a student’s representation of our institution we need to know as much information as possible about the student’s adaptability, maturity, and ability to benefit personally and academically from the exchange. Please fill out this form completely and thoroughly. Please supply any information you can about the student and return this form to Mary Shepherd at the above address. Thank you. Your prompt response is appreciated.

1. **MATURITY:**  How mature do you think this student is compared to other individuals of similar age and background?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **10 (High)** |  |  |  |  |  |  |  |  | **1 (Low)** |

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| Explanation: |  |
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1. **ADAPTABILITY:** how readily do you think the student will adapt to the exchange school?

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| **10 (High)** |  |  |  |  |  |  |  |  | **1 (Low)** |

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| Explanation: |  |
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1. **ACADEMIC BENEFIT:** Please indicate the degree to which you believe the student will benefit academically from participation in the exchange program.

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| **10 (High)** |  |  |  |  |  |  |  |  | **1 (Low)** |

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| Explanation: |  |
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1. **ADDITIONAL COMMENTS:** Please provide any additional information you feel would help us in our task of approving and ranking applicants for exchange. YOUR COMMENTS MAY MAKE THE DIFFERENCE AS TO WHETHER THIS STUDENT PARTICIPATES

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| Explanation: | | |  | | | |
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| Signature: |  | | | | Date: |  |
|  | |  | | | | |
| Relationship to Applicant: | | | |  | | |

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**256 Clifton Street, SE**

**Atlanta, Georgia 30317**

**404-802-5979**

**LETTER OF RECOMMENDATION** (2)

**Applicants Should Complete This Section**

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| Applicant’s Name Major Class |
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|  |
| Name and Address of Person Submitting Reference |

The above name student has given your name as a reference to support their application or participation in the CCEE Program. The program provides APS students the opportunity of attending another university without paying out-of-state tuition, thus allowing the students to take specialized course, experience new lifestyles, and appreciate different cultural perspectives at a minimal extra cost.

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1. **MATURITY:** How mature do you think this student is compared to other individuals of similar age and background?

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| **10 (High)** |  |  |  |  |  |  |  |  | **1 (Low)** |

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| Explanation: |  |
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1. **ADAPTABILITY:** how readily do you think the student will adapt to the exchange school?

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| **10 (High)** |  |  |  |  |  |  |  |  | **1 (Low)** |

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| Explanation: |  |
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1. **ACADEMIC BENEFIT:** Please indicate the degree to which you believe the student will benefit academically from participation in the exchange program.

|  |  |  |  |  |  |  |  |  |  |
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| **10 (High)** |  |  |  |  |  |  |  |  | **1 (Low)** |

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| Explanation: |  |
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1. **ADDITIONAL COMMENTS:** Please provide any additional information you feel would help us in our task of approving and ranking applicants for exchange. YOUR COMMENTS MAY MAKE THE DIFFERENCE AS TO WHETHER THIS STUDENT PARTICIPATES

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| Signature: |  | | | | Date: |  |
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| Relationship to Applicant: | | | |  | | |

**Supporting Materials or Other Requirements:**

* Unofficial transcript
* Two recommendations/references (part of application packet)
* Statement of personal goals and reasons for exchange participation (part of application packet)
* Interview
* Disciplinary Records
* Attendance Records

**RETURN ALL DOCUMENTS TO:**

Theo Smith, Jr. ([tsmithjr@atlanta.k12.ga.us](mailto:tsmithjr@atlanta.k12.ga.us)) (404) 802-5832 (404) 802-5978 Fax

CTAE Coordinator

Atlanta Public Schools

Career, Technical and Agricultural Education

256 Clifton Street, SE

Atlanta, Georgia 30317

**Application Deadline**: October 18, 2019