

2020 STUDENT SUMMER APPLICATION QUESTION AND ANSWER FORM

DEADLINE: FEBRUARY 28, 2020



To complete this form:

- Download and type your answers on this interactive pdf form, save and print.
- * = required
- No application fee
- Tick check boxes where required
- Application can also be completed online at:
<https://breakthroughatlanta.org/apply>

Please return form to:

BREAKTHROUGH ATLANTA
4075 Paces Ferry Road, NW
Atlanta, Georgia 30327-3009

Office: (404) 262-3032

breakthroughatlanta.org

STUDENT SECTION:

STUDENT CONTACT INFORMATION

*Date:					
*First Name:			Middle Name:		
*Last Name:			Preferred Name/ Nickname:		
*Email Address:					
*Home Phone:			*Cell Phone:		
*Gender:	Female	Male	Non-binary	Prefer to self- describe	Decline to State
*Birth Date:					
*Home Address Street:					
*Home Address City:		*Home Address State:		*Home Address Zip Code:	

RECOMMENDATION INFORMATION

Breakthrough Atlanta requires 2 teacher recommendations as part of the application process. Please provide information for 2 teachers who would be willing to provide a recommendation for the student. We will contact these teachers directly via email.

1. Recommender's Name:
1 a. Recommender's Email:
2. Recommender's Name:
2a. Recommender's Email:

BREAKTHROUGH HISTORY

How did you hear about Breakthrough?					
Breakthrough Presentation	Breakthrough Staff Member	Family Connection	Teacher	Breakthrough Student	
Other - please explain:					
*Are you the sibling of or related to a Breakthrough student? Yes No					
What is their full name?					
What's your relationship (e.g. brother, sister, cousin)?					

SCHOOL INFORMATION

*Name of current school:			District/County:		
*Current Grade:		*Your student School ID number:			
*How difficult is your current school work? Too Easy Too Hard About Right					
Counselor's Name:			Homeroom Teacher's Name:		
*Student T-Shirt Size	Youth Small	Youth Medium	Youth Large	Youth X-Large	Adult Small
	Adult Medium	Adult Large	Adult X-Large	Adult XXL	
*Will the student be attending the same school next year? No Yes					
If no, student's new school name:					

FAMILY SECTION: PRIMARY GUARDIAN

PARENT/GUARDIAN CONTACT INFORMATION

*First Name:			*Last Name:		
*Email Address:					
*Home Phone:		*Cell Phone:		*Work Phone:	
*Preferred means of contact: Cell Phone Home Phone Work Phone Email					
*Gender:	Female	Male	Non-binary	Prefer to self- describe	Decline to State
Birth Country:					
*Home Address Street:					
*Home Address City:		*Home Address State:		*Home Address Zip Code:	

FAMILY SECTION: PRIMARY GUARDIAN

EMPLOYMENT HISTORY

Employment status:		
Currently Employed	Not Currently Employed, Seeking Employment	Not Currently Employed, Not Seeking Employment
Employer name:		
Years with company or organization:	*Work Hours:	

EDUCATION HISTORY

*Highest level of education completed:					
Grade School Some	High School	High School or GED	Some College (Currently Enrolled)		
Some College (Not Currently Enrolled)		Associate's Degree or Vocational/Trade School Certificate		Bachelor's Degree	
Master's Degree	Professional Degree (i.e. M.D., J.D.)	Doctoral Degree	No Formal Education	Decline to Answer	
Year you last enrolled in college, name of school:					
Country of Bachelor's degree:			Year you completed Bachelor's degree:		
Country of Master's/Professional/Doctoral degree:					
Country of highest level of education:					
Please specify country of education:					

HOME LANGUAGE

*What languages are regularly spoken in your home?		
English	Spanish	An African Language (Example: Amharic, Swahili, Yoruba)
A Southeast Asian Language (Example: Cambodian, Hmong, Karen, Vietnamese)		
A South Asian Language (Example: Hindi, Pashto, Tamil, Urdu)		Another Asian Language (Example: Japanese, Korean)
A Middle Eastern Language (Example: Arabic, Farsi)		A Filipino Language
A European Language other than Spanish (Example: French, German, Russian)		A Chinese Language
A Caribbean Language (Example: Hatian Creole, Papamiento)		Another Language
Decline to Answer		
*What was the first language your child learned to speak?		
*How comfortable are you with English?		
Comfortable	Not Comfortable	
*Would you need documents and communication to be translated for you?		
Yes	No	

RELATIONSHIP DETAILS

*What is your relationship to the student? Biological or Adoptive Parent Stepparent Foster Parent Partner of student's parent or guardian Grandparent Other relative Other guardian						
*Do you have a spouse or partner who lives in the same household as you and your student? Yes, a spouse Yes, a partner No Decline to Answer						
*What is your spouse/partner's relationship to the student? Biological or Adoptive Parent Stepparent Foster Parent Partner of Student's guardian Grandparent Other						
*Is your spouse or partner a legal guardian of the student? Yes No						
Is there any other adult(s) involved in the student's upbringing or living in your home that we should be in contact with? Yes No						
*How much of the time does your student live with you? All of the time More than half of the time Half of the time Less than half of the time None of the time						
*Does the student receive additional financial support from another parent or guardian? Yes No						
Where does the student live when not living with you?						

I am only comfortable providing basic contact information on behalf of the 'Other Parent / Guardian':

FAMILY SECTION: OTHER GUARDIAN

OTHER GUARDIAN CONTACT INFORMATION

First Name:		Last Name:				
Email Address:						
Home Phone:		Cell Phone:		Work Phone:		
Preferred means of contact:		Cell Phone	Home Phone	Work Phone	Email	
Gender:	Female	Male	Non-binary	Prefer to self- describe	Decline to State	
Birth Country:						
Home Address Street:						
Home Address City:		Home Address State:		Home Address Zip Code:		

OTHER GUARDIAN EMPLOYMENT HISTORY

Employment status: Currently Employed Not Currently Employed, Seeking Employment Not Currently Employed, Not Seeking Employment		
Employer name:	Years with employer:	Work Hours:

FAMILY SECTION: OTHER GUARDIAN

OTHER GUARDIAN EDUCATION HISTORY

Highest level of education completed:					
Grade School Some	High School	High School or GED	Some College (Currently Enrolled)	Some College (Not Currently Enrolled)	Associate's Degree or Vocational/Trade School Certificate
Master's Degree	Professional Degree (i.e. M.D., J.D.)	Doctoral Degree	No Formal Education	Bachelor's Degree	Decline to Answer
Year last enrolled in college and name of school:					
Country of Bachelor's degree:			Year completed Bachelor's degree:		
Country of Master's/Professional/Doctoral degree:					
Country of highest level of education:			Country of education:		

OTHER GUARDIAN HOME LANGUAGE

What languages are regularly spoken at home?					
English	Spanish	An African Language (Example: Amharic, Swahili, Yoruba)			
A Southeast Asian Language (Example: Cambodian, Hmong, Karen, Vietnamese)					
A South Asian Language (Example: Hindi, Pashto, Tamil, Urdu)			Another Asian Language (Example: Japanese, Korean)		
A Middle Eastern Language (Example: Arabic, Farsi)		A Filipino Language			
A European Language other than Spanish (Example: French, German, Russian)			A Chinese Language		
A Caribbean Language (Example: Hatian Creole, Papamianto)		Another Language	Decline to Answer		
How comfortable are you with English?					
Comfortable		Not Comfortable			
Would you need documents and communication to be translated for you?					
Yes		No			

FAMILY SECTION: ADDITIONAL GUARDIAN

ADDITIONAL GUARDIAN CONTACT INFORMATION

First Name:		Last Name:			
Email Address:					
Home Phone:		Cell Phone:		Work Phone:	
Preferred means of contact:					
Cell Phone		Home Phone		Work Phone	
Email					
Gender:					
Female		Male		Non-binary	
Prefer to self- describe		Decline to State			
Birth Country:					

ADDITIONAL GUARDIAN EMPLOYMENT HISTORY

Employment status:					
Currently Employed		Not Currently Employed, Seeking Employment		Not Currently Employed, Not Seeking Employment	
Employer name:			Years with employer:		Work Hours:

FAMILY SECTION: ADDITIONAL GUARDIAN

ADDITIONAL GUARDIAN EDUCATION HISTORY					
Highest level of education completed:					
Grade School Some	High School	High School or GED	Some College (Currently Enrolled)		
Some College (Not Currently Enrolled)	Associate's Degree or Vocational/Trade School Certificate			Bachelor's Degree	
Master's Degree	Professional Degree (i.e. M.D., J.D.)	Doctoral Degree	No Formal Education	Decline to Answer	
Year last enrolled in college:					
Country of Bachelor's degree:			Year completed Bachelor's degree:		
Country of Master's/Professional/Doctoral degree:					
Country of highest level of education:			Country of education:		

ADDITIONAL GUARDIAN HOME LANGUAGE		
What languages are regularly spoken at home?		
English	Spanish	An African Language (Example: Amharic, Swahili, Yoruba)
A Southeast Asian Language (Example: Cambodian, Hmong, Karen, Vietnamese)		
A South Asian Language (Example: Hindi, Pashto, Tamil, Urdu)		Another Asian Language (Example: Japanese, Korean)
A Middle Eastern Language (Example: Arabic, Farsi)		A Filipino Language
A European Language other than Spanish (Example: French, German, Russian)		A Chinese Language
A Caribbean Language (Example: Hatian Creole, Papamianto)		Another Language
Decline to Answer		
How comfortable are you with English?		
Comfortable	Not Comfortable	
Would you need documents and communication to be translated for you?		
Yes	No	

FAMILY SECTION: PRIMARY GUARDIAN

BREAKTHROUGH HISTORY		
How did you hear about Breakthrough?		
Breakthrough Presentation	Breakthrough Staff Member	Family Connection
		Teacher
		Breakthrough Student
Other - please explain:		
Please provide details on how you heard about Breakthrough:		
Do you have any other children in the program or who has/have completed the program?		Yes
		No
Other Student Name:	Other Student Birth Date:	
Other Student Grade:	Other Student Breakthrough Site:	

FAMILY SECTION: PRIMARY GUARDIAN

FAMILY BACKGROUND		
Is your monthly income fixed or flexible?	Fixed (the same amount each month)	Flexible (income varies monthly)
*What is your 2019 ANNUAL pre-tax household income?		
*What is your 2019 Average MONTHLY pre-tax household income?		
*How many months did you work in 2019?		
*ESTIMATION: Based off your monthly income, this is what is estimated to be your 2019 ANNUAL pre-tax household income:		
*How many people living in your household are under the age of 18?		
*How many people in your household are 18 years of age or older?		
Please attach your 1040 (optional):		

STUDENT BACKGROUND						
*Does your student qualify for Free and Reduced Price Lunch?						
Free	Reduced Price	Does Not Qualify	Decline to Answer			
*Is your student Hispanic or Latino/a?						
No	Yes	Decline to Answer				
*Which of the following choices describe your student's race?						
Alaska Native	American Indian	Asian or Asian American	Black or African American	Middle Eastern	Multiracial	
Native Hawaiian	Pacific Islander	White or Caucasian	Other	Decline to Answer		
To ensure that your child receives the consideration, support and encouragement they need while in Breakthrough, please share any educational support your student has or is currently receiving:						
None	Accommodation/504 Plan	BIP	REP	IEP	Other:	
*What do you think will be most beneficial to your student as a part of Breakthrough Atlanta? Please check all that apply:						
Academic growth	Exposure	College Readiness	Enrichment	All of the above	Other	
*Breakthrough is a rigorous 6-year academic commitment. How will you help your student fulfill this commitment? Please explain:						

SHORT ANSWER QUESTIONS

Short Answer Questions: Help us get to know your student by responding to the questions below.
You may copy/paste from a word document if you like.

Why would you like your student to be a part of Breakthrough?

What do you love about your student? What would you like us to know about them?

BREAKTHROUGH EXPECTATIONS

Breakthrough Atlanta is an academic program that requires a 6ve or six-year commitment. We expect our students to participate fully in all summer and school year programs throughout their middle and high school years. Breakthrough Atlanta expects 100% of its students to graduate from high school and enter college, university, or a post-secondary educational opportunity.

*By checking the box below, you are acknowledging that you understand the expectations Breakthrough Atlanta has for its students and families accepted into its program and that you agree to turn in a completed Enrollment Packet.

I understand the expectations of Breakthrough Atlanta.



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