|  |
| --- |
|  **Return all materials to:** The Porter Billups Leadership Academy Attn: Dominique Jefferson 19592 East 41st Avenue Denver CO 80249Po porterbillupsleadershipacademy@gmail.comp |



∙Lonnie Porter, Founder/Executive Director ∙Chauncey Billups, Executive Director ∙Staci Porter-Bentley, Director

February 2018

Dear Prospective Academy Parents and Students:

Thank you for your interest in the Porter-Billups Leadership Academy. We are pleased to invite you to apply for admittance to the 2018 summer session scheduled from June 11- June 28. The Porter-Billups Leadership Academy is a tuition free academic enrichment program that helps children cultivate their leadership ability. Inner-city youth from the Denver Metropolitan area are admitted to the Academy in third and fourth grade, and attend the 3 week program each summer until they graduate from high school. Academy participants are expected to maintain good grades and positive behavior. Participants must submit a current transcript or progress report, and letter of recommendation, every year.

Each class offered through the Porter-Billups Leadership Academy is taught by a professional educator and combines challenging academics with real-world simulations. PBLA is an exemplary program as it affords students the opportunity to refine skills they have learned throughout the academic school year and enhance their leadership ability while studying on the Regis University campus. Once students graduate from our program, students are encouraged to apply for admittance to Regis University. If accepted, Academy participants will receive all of the government grants and scholarships for which they qualify, and then the Porter-Billups Leadership Academy will fund the remaining cost of tuition and fees.

An application for admittance and a recommendation form are attached. Please complete the application and return all materials to the address specified on the application. If you have questions or concerns, please contact me at

(303)371-9591. Thank you again for your interest.

Sincerely,

 Dominique Jefferson

Dominique Jefferson

PBLA Recruiter

**PLEASE RETURN BY APRIL 5, 2018**

**ACADEMY DATES: JUNE 11-JUNE 28, 2018**

|  |
| --- |
| **Return all materials to:**The Porter-Billups Leadership AcademyAttn: Dominique Jefferson19592 East 41st AvenueDenver CO 80249303-371-9591porterbillupsleadershipacademy@gmail.com |
|   |



**∙Lonnie Porter, Founder/Executive Director**

**∙Chauncey Billups, Executive Director**

 **∙Staci Porter-Bentley, Director**

3333 Regis Boulevard F-20 Denver, CO 80221 303-458-4070

**PART I: APPLICANT**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI Suffix (Jr.,III,etc.)

Are you a U.S. Citizen: **🞏**yes **🞏**no Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_**Year of H.S. graduation 🞏**Male **🞏**FemaleMonth/Day/Year **(circle one):**

 2019 2020 2021 2022 2023

**★PLEASE ATTACH A COPY OF YOUR BIRTH CERTIFICATE** 2024 2025 2026 2027 2028

**Ethnicity:** **Income:**

**🞏**American Indian/Alaskan Native **🞏**Asian/Pacific Islander **🞏** 0-25,000 **🞏** 25,000-50,000 **🞏** 50,000-75,000

**🞏**Black/African-American **🞏**Hispanic  **🞏**75,000-100,000 **🞏**100,000+

**🞏**White/Caucasian **🞏**Other **\_\_**Please tell us how many people live in your household.

**Permanent home address**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number and Street City State Zip/Postal Code

Home Phone : (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_ Alternate Phone: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **★PLEASE ATTACH A COPY OF YOUR MOST RECENT GRADE REPORT/ TRANSCRIPT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART II: MEDICAL RELEASE**

 I/We, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give The Porter Billups Leadership Academy and/or Regis University (herein referred to as PBLA) the right to give consent to authorize emergency medical care.

It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be administered. It is intended that the authorization relieve the physician, or person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that PBLA shall act in my stead in making such decisions.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the administration of care or consent by PBLA. I understand that this form is in effect from the date signed and that it is my responsibility to inform PBLA of any changes to this form.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_/\_\_\_\_/\_\_\_\_\_

Home phone (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Cell(\_\_\_\_\_)\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CurrentMedications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History or other important facts that should be known\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART V: RECOMMENDATION**

Directions: Please return this form in the envelope provided. Sign and date across the seal of the envelope to authenticate.

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First MI Suffix (Jr., 111, etc.)

Name of recommender\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name Number and Street City State Zip/Postal Code

Office phone(\_\_\_\_)\_\_\_\_\_---\_\_\_\_\_ E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long and in what capacity have you known the applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are the first three words that come to your mind when describing this applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. In making the following ratings, please compare this student to other highly capable students you are acquainted with. Please make your ratings as realistic as possible. (Please check the single most appropriate box.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No basis forjudgment |  | BelowAverage | Average | Good | Excellent | One of the top few encountered in my career |
|  | A. Academic promise |  |  |  |  |  |
|  | B. Independence |  |  |  |  |  |
|  | C. Leadership |  |  |  |  |  |
|  | D. Self-confidence |  |  |  |  |  |
|  | E. Academic performance |  |  |  |  |  |
|  | F. Perseverance Follow-through |  |  |  |  |  |
|  | G. Maturity level |  |  |  |  |  |
|  | H. Communication skills |  |  |  |  |  |
|  | I. Summary evaluation |  |  |  |  |  |

Please use the space provided for comments regarding this applicant’s strengths and weaknesses as related to leadership ability, and further academic and personal achievement. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART III: MEDIA RELEASE**

I hereby agree and give my permission to The Porter Billups Leadership Academy and/or Regis University to record, film, photograph, audiotape or videotape my child’s name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as “Works”), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by The Porter Billups Leadership Academy and/or Regis University and/or the School, including, without limitation, for posting on The Porter Billups Leadership Academy and/or Regis University website and/or for broadcasting on television. I hereby further agree that The Porter Billups Leadership Academy and/or Regis University is the sole owner of all rights, title and interest, including copyrights in such Works and any parts thereof for all purposes, as The Porter Billups Leadership Academy and/or Regis University shall determine in their sole discretion without limitation, reservation or compensation to me or my child.

By entering into this informed consent and release and granting the permission as stated herein, I am expressly authorizing The Porter Billups Leadership Academy and/or Regis University to use, in whole or in part, my child’s name, likeness, image, spoken words, student work, performance and movement in connection with any materials for The Porter Billups Leadership Academy and/or Regis University.

I also understand that The Porter Billups Leadership Academy and/or Regis University shall own all rights, title and interest, including the copyright(s), in and to the materials, to be used and disposed in perpetuity without limitation as The Porter Billups Leadership Academy and/or Regis University shall determine in their sole discretion.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing The Porter Billups Leadership Academy and/or Regis University and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son/daughter’s participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

I have read this Informed Consent and Release and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If 14 years of age or older)

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_

**PART IV: TRANSPORTATION**

It is our hope that your child will be cordially invited to participate in The Porter-Billups Leadership Academy, a tuition free academic enrichment program that helps children cultivate their leadership ability. The Academy is located at Regis University in Northwest Denver. The mission of Regis University is to educate students in a way that nurtures social/emotional health, academic rigor, and human excellence. The Porter Billups Leadership Academy shares this mission; and would like to aide in preparing your child for the academic year ahead, and effective leadership in his or her school and community.

The Porter-Billups Leadership Academy is in session for three weeks, from June 11- June 28. Lunch and transportation are provided. Your child may receive transportation from one of three sites: Cole Arts and Science Academy: 3240 Humboldt Avenue, McAuliffe @Smiley Campus: 2540 Holly Street, and Green Valley Elementary: 4100 Jericho Street. If you choose to have your child participate in the Academy, please note that absences are prohibited except in cases of illness, as this experience is a valuable one and requires a commitment from both Parent/Guardians and children.

If you accept our invitation, please indicate the most convenient transportation site for your child:

□ Cole Arts and Science Academy □ Smiley Campus □ Green Valley Elementary

□ I will provide transportation for my child to and from Regis University

Please sign below to indicate that you understand the purpose of the Porter-Billups Leadership Academy and your responsibility to support you child through this amazing enrichment experience.

Parent Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_