



STUDENT STATEMENT

Use black or blue ink to complete all sections of the application. Do not type.

I. Background Information

| | | | | | |
|---|--|---|---|--|-------|
| LAST NAME | | FIRST NAME | | | GRADE |
| CURRENT HOME ADDRESS | | | | | APT |
| CITY | | | STATE | ZIP | |
| DATE OF BIRTH / / 199 | | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | ETHNICITY | |
| HOME PHONE () | | E-MAIL ADDRESS | | | |
| CURRENT SCHOOL | | | TYPE OF PROGRAM: <input type="checkbox"/> MAGNET <input type="checkbox"/> CHARTER <input type="checkbox"/> PRIVATE <input type="checkbox"/> NONE | | |
| BROTHERS NAMES | | AGE | | SISTERS NAMES | |
| | | | | | |
| | | | | | |
| | | | | | |
| CURRENT MATH TEACHER WHO WILL COMPLETE RECOMMENDATION | | | | | |
| CURRENT ENGLISH TEACHER WHO WILL COMPLETE RECOMMENDATION | | | | | |
| HOW DID YOU FIND OUT ABOUT BREAKTHROUGH? (CHECK ALL THAT APPLY) | | | | RELATIVE OF A BT SCHOLAR? | |
| <input type="checkbox"/> TEACHER | | <input type="checkbox"/> FRIEND | | <input type="checkbox"/> NO | |
| <input type="checkbox"/> COUNSELOR | | <input type="checkbox"/> FLYER/POSTER | | <input type="checkbox"/> YES | |
| <input type="checkbox"/> PARENT | | <input type="checkbox"/> OPEN HOUSE | | NAME _____ | |
| <input type="checkbox"/> BROTHER/SISTER | | <input type="checkbox"/> WEBSITE | | RELATION _____ | |
| | | | | <input type="checkbox"/> SCHOOL PRESENTATION | |
| | | | | <input type="checkbox"/> OTHER _____ | |

Use a paperclip to attach a photo of yourself here
Please write your full name on the back

For Office Use Only

APP.I. SS PS MT ET TR

P.I. NBT MBT YBT

P.II. _____

P.III. ACC REG WAI

Breakthrough Fort Lauderdale seeks a diverse group of applicants representing all walks of life and conditions.



STUDENT STATEMENT

II. Intent

We would like to know more about you! Please be as candid as possible on the following questions. There are no right or wrong answers. We're just trying to discover what makes you, you.

1. Based on what you know of Breakthrough why do you think the program is a good fit for you?

2. On average, how much time do you spend on homework each night?

- none 30 minutes 1 hour 1 hour 30 min 2 hours more than 2 hours

3. Breakthrough students usually spend 2-3 hours on homework **each night** during the summer program. How do you feel about this?

4. Do you feel challenged academically at your school? Why or why not?

5. What do you like least about school?



STUDENT STATEMENT

6. What is a leadership position you currently hold or wish to hold in the future?

7. What are you passionate about? Consider extra-curricular activities, sports, and hobbies.

8. What are your favorite books?

9. What are your best qualities? What do people like most about you? Don't be modest, BRAG, BRAG, BRAG!!

10. Name a person whom you especially admire and tell us why.



STUDENT STATEMENT

IV. Ingenuity

Use the space below to express yourself. Be imaginative! Be creative! Put anything that is one or two dimensional here: pictures, drawings, poetry, math equations, a rap, a collage, or whatever else shows us a little more about who you are. Have fun with it!

Please consider me for Breakthrough Fort Lauderdale. I understand that if I am accepted, my family and I will not plan special events during the dates and times of Breakthrough Summer. I understand this program is a year-round commitment that includes attendance at our Saturday Academies and other events. Finally, I declare that I have written this application on my own.

Student Signature _____



PARENT/GUARDIAN STATEMENT

| | | | | | |
|---|--|---|---|--|--|
| PRIMARY CARETAKER (CHECK ONE) | | <input type="checkbox"/> MOTHER | <input type="checkbox"/> LEGAL GUARDIAN | DOES CHILD LIVE WITH THIS PERSON | |
| | | <input type="checkbox"/> FATHER | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| LAST NAME | | | FIRST NAME | | |
| CURRENT HOME ADDRESS | | | | APT NUMBER | |
| CITY | | | ZIP | | |
| HOME PHONE () | | CELL PHONE () | | | |
| OCCUPATION | | EMPLOYER | | | |
| BUSINESS ADDRESS | | | ZIP | | |
| WORK PHONE () | | EXT: | | E-MAIL ADDRESS | |
| ETHNICITY | | HIGHEST EDUCATION LEVEL COMPLETED | | | |
| | | <input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TWO YEAR COLLEGE <input type="checkbox"/> VOCATIONAL OR TECHNICAL SCHOOL <input type="checkbox"/> BACHELOR DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORAL DEGREE | | | |

| | | | | | |
|---|--|---|---|--|--|
| SECONDARY CARETAKER (CHECK ONE) | | <input type="checkbox"/> MOTHER | <input type="checkbox"/> LEGAL GUARDIAN | DOES CHILD LIVE WITH THIS PERSON | |
| | | <input type="checkbox"/> FATHER | <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| LAST NAME | | | FIRST NAME | | |
| CURRENT HOME ADDRESS | | | | APT NUMBER | |
| CITY | | | ZIP | | |
| HOME PHONE () | | CELL PHONE () | | | |
| OCCUPATION | | EMPLOYER | | | |
| BUSINESS ADDRESS | | | ZIP | | |
| WORK PHONE () | | EXT: | | E-MAIL ADDRESS | |
| ETHNICITY | | HIGHEST EDUCATION LEVEL COMPLETED | | | |
| | | <input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> TWO YEAR COLLEGE <input type="checkbox"/> VOCATIONAL OR TECHNICAL SCHOOL <input type="checkbox"/> BACHELOR DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORAL DEGREE | | | |

Family Information

| | | | | | |
|---|--|------------------------|--------------------------------|--|--|
| PRIMARY LANGUAGE | | OTHER LANGUAGES SPOKEN | | RELIGION (OPTIONAL) | |
| COMBINED FAMILY INCOME | | | | FREE OR REDUCED LUNCH | |
| <input type="checkbox"/> UNDER \$10K <input type="checkbox"/> \$10,001-20K <input type="checkbox"/> \$20,001-30K <input type="checkbox"/> \$30,001-50K <input type="checkbox"/> \$50,001-60K <input type="checkbox"/> \$70,001+ | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| WILL CHILD BE FIRST IN IMMEDIATE FAMILY TO GRADUATE FROM COLLEGE | | | TOTAL NUMBER OF FAMILY MEMBERS | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

***Please be as honest as possible with this information; its primary purpose is for grant writing within the program. All information provided will be kept confidential and used solely for admissions and statistical data.**



PARENT/GUARDIAN STATEMENT

What special activities is your child involved with or experienced in (i.e. piano lessons, gymnastics, church group, PAL, sports, youth club, etc)? List in order of importance

1. _____

3. _____

2. _____

4. _____

Why do you want to enroll your child in Breakthrough Fort Lauderdale and how do you think s/he will benefit from it?

In what areas does your child excel?

In what areas does your child need to continue developing? Please explain.

Participating in Breakthrough is a major commitment, both for the student and their family. It means attending every day of the summer and school-year program, special events, and taking part in parent leadership opportunities. Do you feel your family can live up to this commitment? How can we help you do so?

*I have read and enthusiastically support my child's application for Breakthrough Fort Lauderdale. I will do all that I can to support his/her academic and personal growth. I understand that the commitment is six years and that all accepted students must participate in Breakthrough Summer and Super Saturday program while in middle school (students receive continued support throughout high school but do not attend the sessions). Furthermore, **I understand the mandatory program dates and I have no conflicts.***

Parent/Guardian Signature _____ Date _____

***Please be as honest as possible with this information; its primary purpose is for grant writing within the program. All information provided will be kept confidential and used solely for admissions and statistical data.**



MATH TEACHER RECOMMENDATION

The student below wishes to make a commitment to his/her future by applying to Breakthrough Fort Lauderdale, a tuition-free, academic enrichment program that prepares middle school students for college and beyond. The program seeks promising, motivated students to participate in two six-week Breakthrough Summers (after sixth and seventh grade) and school-year program. Breakthrough is committed to a diverse student body representing the variety of ethnic, cultural and economic backgrounds inherent in the Fort Lauderdale area.

We appreciate your candid responses, which will be kept confidential. **Please complete all portions and return this recommendation to either the student who submitted it to you in a sealed envelope with your signature over the closure. Or you may send it to**

Breakthrough Fort Lauderdale, 1501 NE 62nd Street, Fort Lauderdale, Florida, 33334

If you are interested in learning more about our program, please visit us at www.breakthroughcollaborative.org or contact us at 954.776.2109. Thank you for your assistance and effort.

Student Name _____ Grade _____

Teacher Name _____ School _____

Please circle the response which best describes this student in relation to other students you teach

NO BASIS FOR JUDGMENT BELOW AVERAGE FAIR GOOD ABOVE AVERAGE OUTSTANDING

ACADEMIC QUALITIES

| | | | | | | |
|--------------------------|---|---|---|---|---|---|
| Motivation | 6 | 5 | 4 | 3 | 2 | 1 |
| Attitude toward homework | 6 | 5 | 4 | 3 | 2 | 1 |
| Aptitude in subject area | 6 | 5 | 4 | 3 | 2 | 1 |
| Intellectual curiosity | 6 | 5 | 4 | 3 | 2 | 1 |

PERSONAL QUALITIES

| | | | | | | |
|-----------------------------------|---|---|---|---|---|---|
| Willingness to try new activities | 6 | 5 | 4 | 3 | 2 | 1 |
| Perseverance with difficult tasks | 6 | 5 | 4 | 3 | 2 | 1 |
| Leadership | 6 | 5 | 4 | 3 | 2 | 1 |
| Ability to be self-directed | 6 | 5 | 4 | 3 | 2 | 1 |
| Self-confidence | 6 | 5 | 4 | 3 | 2 | 1 |
| Reaction to criticism | 6 | 5 | 4 | 3 | 2 | 1 |
| Concern for fellow students | 6 | 5 | 4 | 3 | 2 | 1 |



MATH TEACHER RECOMMENDATION

Please comment on this applicant's special interests, talents, and abilities.

How will Breakthrough benefit this student?

Should the admissions committee be made aware of any factors that have impact on this student's academic or social progress to date?

I recommend this student for admittance into Breakthrough Fort Lauderdale ...

- With great enthusiasm
 With confidence
 With some confidence
 With reservation*
 I do not recommend

* Please comment on reservations or reasons for not recommending

May we contact you if we have additional questions about this student? Yes No

Math Teacher Signature _____ Date _____

E-mail _____ Phone _____



ENGLISH TEACHER RECOMMENDATION

The student below wishes to make a commitment to his/her future by applying to Breakthrough Fort Lauderdale, a tuition-free, academic enrichment program that prepares middle school students for college and beyond. The program seeks promising, motivated students to participate in two six-week Breakthrough Summers (after sixth and seventh grade) and school-year program. Breakthrough is committed to a diverse student body representing the variety of ethnic, cultural and economic backgrounds inherent in the Fort Lauderdale area.

We appreciate your candid responses, which will be kept confidential. **Please complete all portions and return this recommendation to either the student who submitted it to you in a sealed envelope with your signature over the closure. Or you may send it to**

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Student Name Grade

Teacher Name School

Please circle the response which best describes this student in relation to other students you teach

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ACADEMIC QUALITIES

| | | | | | | |
|--------------------------|---|---|---|---|---|---|
| Motivation | 6 | 5 | 4 | 3 | 2 | 1 |
| Attitude toward homework | 6 | 5 | 4 | 3 | 2 | 1 |
| Aptitude in subject area | 6 | 5 | 4 | 3 | 2 | 1 |
| Intellectual curiosity | 6 | 5 | 4 | 3 | 2 | 1 |

PERSONAL QUALITIES

| | | | | | | |
|-----------------------------------|---|---|---|---|---|---|
| Willingness to try new activities | 6 | 5 | 4 | 3 | 2 | 1 |
| Perseverance with difficult tasks | 6 | 5 | 4 | 3 | 2 | 1 |
| Leadership | 6 | 5 | 4 | 3 | 2 | 1 |
| Ability to be self-directed | 6 | 5 | 4 | 3 | 2 | 1 |
| Self-confidence | 6 | 5 | 4 | 3 | 2 | 1 |
| Reaction to criticism | 6 | 5 | 4 | 3 | 2 | 1 |
| Concern for fellow students | 6 | 5 | 4 | 3 | 2 | 1 |



ENGLISH TEACHER RECOMMENDATION

Please comment on this applicant's special interests, talents, and abilities.

How will Breakthrough benefit this student?

Should the admissions committee be made aware of any factors that have impact on this student's academic or social progress to date?

I recommend this student for admittance into Breakthrough Fort Lauderdale ...

- With great enthusiasm
 With confidence
 With some confidence
 With reservation*
 I do not recommend

* Please comment on reservations or reasons for not recommending

May we contact you if we have additional questions about this student? Yes No

English Teacher Signature _____ Date _____

E-mail _____ Phone _____