

# COLLEGE ACCESS PROGRAM



## Dear Prospective CAP Student and Parent/Guardian:

College Access Program (CAP) identifies and recruits students who show promise of being successful students but do not meet all of the admission criteria at Minnesota State University, Mankato. CAP provides an intense transition from high school to college. The program assists students in mastering subject matter and building and improving basic skills for college success while still in high school, supplemented by a summer residential program. CAP provides a structured program that addresses multiple concerns of underrepresented students. Participants develop multicultural knowledge and skills to live effectively in a pluralistic society.

CAP Eligibility Standards are as follows:

1. Must attend high school as a full-time student.
2. Must be in 12<sup>th</sup> grade and in good standing with daily attendance.
3. Must have interest in obtaining a college education at Minnesota State University, Mankato.
4. Must not meet general guidelines for college admission.

## To be considered for CAP please complete and return:

- Student Application
- Authorization for the Release of Student Information forms: Be sure to sign and return both copies.
- Student Recommendation Forms: These should be completed by a teacher, pastor, employer, counselor, coach, etc., but not by a family member, and should be returned along with your application.
- Two Student Aid Report (SARs) from FAFSA stating that you have submitted both 2011-2012 and 2012-2012 FAFSA.

**Return all completed forms to Opportunity Access Success Intercultural Services, 243 Centennial Student Union, Mankato, MN 56001.** All such information is kept confidential and will remain in the College Access Program office.

Sincerely,

College Access Program

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## STUDENT APPLICATION

<b>Student Name:</b>	<b>Email:</b>
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<b>Address:</b>	<b>Social Security Number*:</b>
<b>City, State, Zip:</b>	<b>Phone Number:</b>

<b>Gender*:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birth Date*:</b>	<b>Age*:</b>	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident # _____ <input type="checkbox"/> Non-Resident Alien
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<b>Current School:</b>	<b>Current Grade:</b>
<b>School Address:</b>	<b>Principal:</b>
	<b>Counselor:</b>
<b>Hot Lunch Program:</b> I am eligible for the free or reduced-cost hot lunch program. <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Race/Ethnicity (please check all that apply)*:</b>	
<input type="checkbox"/> American Indian/Alaskan Native Tribe _____ <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other Asian American _____	<input type="checkbox"/> Black/African American, not of Hispanic Origin <input type="checkbox"/> Sudanese <input type="checkbox"/> Somali <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White, not of Hispanic Origin <input type="checkbox"/> Other _____

<b>Parent/Guardian Name(s):</b>	
<b>Address:</b>	<b>Phone Number:</b>
	<b>Cell Phone Number:</b>

<b>Applicant Agreement:</b> I will abide by the conditions and regulations of the Minnesota State University, Mankato's College Access Program if I am selected to participate.
<b>Student Signature:</b> _____ <b>Date:</b> _____

<b>Parent's Approval:</b> I will support my child, actively participate, and work cooperatively with Minnesota State University, Mankato's College Access Program staff to ensure my child's success.
<input type="checkbox"/> I do <input type="checkbox"/> I do not grant permission for my child to named, pictured or quoted in any news release and/or program promotional materials.
<b>Parent/Guardian Signature:</b> _____ <b>Date:</b> _____

**CONFIDENTIALITY OF INFORMATION** The information we request from you is used to determine your eligibility for our program, follow your academic progress, and develop programs and activities for CAP. The information may be protected by the Privacy Act. No one may see the information unless they work for or with CAP or are specifically authorized to determine if you are eligible to participate in the program and/or help to measure your success. Great care is taken to make sure that the personal information collected on CAP students is kept confidential. Information or records relating to individual CAP students or group(s) of students who are participating in or who have participated in CAP projects shall not be disclosed to any person, group, agency, or organization without the express permission of the Director or other university officials.

\*Optional

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## AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

**Student Name:** \_\_\_\_\_

**To the officials of:** \_\_\_\_\_  
Name of High School

I grant permission for the release of my child's transcripts, test scores, progress and grade reports, attendance records, teacher's comments and verification of free and reduced hot lunch program to the Minnesota State University, Mankato's College Access Programs. I agree that representatives of the College Access Programs have my permission to periodically review formal and informal school tests and reports, communicate verbally and in writing with representatives of my child's school, and communicate with my child while he/she is at school. This information will be used in providing services to the student and in collecting aggregate data for research purposes. All information will remain confidential. This release remains valid until rescinded in writing.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Copy for High School**

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Copy for College Access Program**

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## STUDENT RECOMMENDATION FOR CAP

Student Name: \_\_\_\_\_

This student is applying for admission into CAP an extension program out of the Office of Institutional Diversity at Minnesota State University, Mankato. Please address the questions below and provide the following information. Please return the completed recommendation by mail to our office.

**Opportunity Access Success Intercultural Services  
243 Centennial Student Union  
Mankato, MN 56001**

1. In what areas do you feel the program can assist the student, or in what areas do you believe the program can benefit the student?
2. Please describe the qualities the student has that will guide them in achieving success.
3. Do you feel this student is committed to earning a college education?
4. Please provide any additional comments you feel are relevant about this student.

**Your Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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2. Please describe the qualities the student has that will guide them in achieving success.
3. Do you feel this student is committed to earning a college education?
4. Please provide any additional comments you feel are relevant about this student.

**Your Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_