

COLLEGE ACCESS PROGRAM-JUNIOR PACKET



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 11th grade and in good standing with daily attendance.
3. Must have interest in obtaining a college education at Minnesota State University, Mankato.
4. Must have minority status or be included in an underrepresented group.
5. 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 Form: This 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.
- Copy of your Transcript

Return all completed forms to College Access Programs, 110 Memorial Library, Mankato, MN 56001. All such information is kept confidential and will remain in the College Access Programs office.

Sincerely,

A handwritten signature in black ink that reads "Tonya Phillips".

Tonya Phillips
Director of College Access Programs

Minnesota State University, Mankato is an Affirmative Action/Equal Opportunity University.
This document is available in alternative format to individuals with disabilities by calling the College Access Programs at
(507) 389-5663 (V) or (800) 627-3529 or 711 (MRS/TTY).

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STUDENT APPLICATION

Student Name:	Application Date:
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Address:	Social Security Number*:
	Phone Number:

Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date*:	Age*:	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident # _____ <input type="checkbox"/> Non-Resident Alien
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Current School:	Current Grade:
School Address:	Principal:
	Counselor:

Hot Lunch Program: I am eligible for the free or reduced-cost hot lunch program. Yes No

Race/Ethnicity (please check all that apply)*:

<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 _____
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Parent/Guardian Name(s):

Address:	Phone Number:
	Cell Phone Number:

Applicant Agreement: I will abide by the conditions and regulations of the Minnesota State University, Mankato's College Access Program if I am selected to participate.

Student Signature: _____ **Date:** _____

Parent's Approval: 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.

I do I do not grant permission for my child to named, pictured or quoted in any news release and/or program promotional materials.

Parent/Guardian Signature: _____ **Date:** _____

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



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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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 College Access Programs

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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.

**College Access Programs
110 Memorial Library
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: _____