

Dear Prospective MA-CAP Student and Parent/Guardian:

The Mankato Achieving-College Access Program (MA-CAP) at Minnesota State University, Mankato is designed to fit the needs of underrepresented youth that attend Mankato East and Mankato West high schools. This program is for students who have the potential to be successful in college yet need academic support in high school to gain college admission. MA-CAP has also identified the need for parents to be involved with their children when preparing their children for post-secondary education (college). Parents will be provided guidance in understanding the college process. Monthly parental meetings will ensure that both parent and child are actively pursuing the same goals.

For a student to be considered for MA-CAP, he or she must complete, in ink, the remaining pages of this application. **All such information is kept confidential and will remain in the College Access Programs office.**

Sincerely,



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).

MA-CAP Application Instructions

1. Fill in all information **completely, accurately, and legibly**. Please complete the application in ink.
2. There are **two copies of the Authorization for the Release of Student Information** form. Be sure to complete and sign **both** copies.
3. Submit **completed recommendation form**. This form can be completed by a teacher, pastor, employer, counselor, coach, etc., but not by a family member.
4. **Return all forms numbered 1-6 including application, all release forms, recommendation form, and signed guideline form** to College Access Programs, 110 Memorial Library, Mankato, MN 56001.

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 MA-CAP. The personal information you give to the MA-CAP director may be shared with the Minnesota Office of Higher Education. The information may be protected by the Privacy Act. No one may see the information unless they work for or with MA-CAP or are specifically authorized to determine if you are eligible to participate in the program and/or help to measure your success.

CONFIDENTIALITY OF INFORMATION

Great care is taken to make sure that the personal information collected on MA-CAP students is kept confidential. Information or records relating to individual MA-CAP students or group(s) of students who are participating in or who have participated in MA-CAP projects shall not be disclosed to any person, group, agency, or organization without the express permission of the Director or other university officials.

MANKATO ACHIEVING-COLLEGE ACCESS PROGRAM (MA-CAP)



Student Name:

Application Date:

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Address:

(Optional) Social Security Number:

Phone Number:

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(Optional) Gender:

(Optional) Birth Date:

(Optional) Age:

Current Grade:

<input type="checkbox"/> Male <input type="checkbox"/> Female			
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School:

U.S. Citizen

<input type="checkbox"/> Mankato East High School <input type="checkbox"/> Mankato West High School	<input type="checkbox"/> Yes <input type="checkbox"/> No Permanent Resident # _____
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(Optional) Race/Ethnicity (please check all that apply):

<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic Origin	<input type="checkbox"/> Sudanese <input type="checkbox"/> Somalia <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Other _____
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Parent/Guardian Information:

Who do you live with: <input type="checkbox"/> Father and Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Mother Only <input type="checkbox"/> Relatives <input type="checkbox"/> Father Only <input type="checkbox"/> Other _____	
Parent/Guardian Name:	
Address:	Phone Number:
	Cell Phone Number:

Student Signature: _____ **Date:** _____

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



Picture Release

I hereby give permission for my picture to be taken in connection with the activities of MA-CAP at Minnesota State University, Mankato and its agencies for use in newspapers, on television, in magazine articles, in brochures, in the yearbook and in presentations concerning the program.

Student Signature: _____ **Date:** _____

Activity and Medical Release

I hereby give permission for my child, _____, to participate in all MA-CAP activities, trips, and events and to receive all necessary medical attention when the need arises.

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

Participant's Release

I hereby release and hold harmless the State of Minnesota, Minnesota State Colleges and Universities, Minnesota State University, Mankato and their employees from any and all claims and liabilities of any type whatsoever and for injury to or death of any person or persons which may now or hereafter arise out of, result from, or be in any way connected directly or indirectly with MA-CAP and its activities.

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

Parent/Guardian Printed Name: _____

Name of Student: _____



Authorization for the Release of Student Information

Student Name: _____

To the officials of: _____
Name of High School

I hereby grant permission for the Mankato Achieving-College Access Program (MA-CAP) at Minnesota State University, Mankato to have access to the records of the student named above, including the cumulative record folder, grading period report cards, and any transcripts. 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:** _____



Authorization for the Release of Student Information

Student Name: _____

To the officials of: _____
Name of High School

I hereby grant permission for the Mankato-College Access Program (MA-CAP) at Minnesota State University, Mankato to have access to the records of the student named above, including the cumulative record folder, grading period report cards, and any transcripts. 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:** _____



Guidelines for MA-CAP Participants

The guidelines all MA-CAP students are expected to follow during the academic year are:

1. While involved in any MA-CAP activity, students may not use tobacco products, alcohol or other drugs.
2. MA-CAP students must attend school daily, unless their absence has been properly excused by their parents. An excessive number of absences, either unexcused or excused, will not be acceptable.
3. MA-CAP students must attend and participate in twice weekly tutoring sessions. If an MA-CAP student needs to miss a tutoring session, he/she must contact the MA-CAP office (389-5663) as early as possible, but no later than 7:30 am of the day of the tutoring session.
4. When registering for next fall's high school classes, MA-CAP students are expected to include a study hall in their schedule. Any exceptions to this should be discussed with us before registration. For most students, taking an extra class is detrimental to overall performance.
5. MA-CAP students must complete and submit any progress report forms that MA-CAP may require.
6. MA-CAP students must meet all deadlines established by MA-CAP.
7. MA-CAP students must attend all arranged campus visitations at Minnesota State University, Mankato.
8. MA-CAP parents must attend monthly meetings.

I agree to follow these guidelines as long as I remain a participant of MA-CAP.

Student Signature: _____ Date: _____

I have read and discussed the above guidelines with my son/daughter:

- I agree with the above conditions
- I disagree with the above conditions. Please contact me.

Parent/Guardian Signature: _____ Date: _____



Student Recommendation for MA-CAP

Student Name: _____

This student is applying for admission into MA-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:** _____

MA-CAP Philosophy

MA-CAP is devoted to providing underrepresented students at Mankato East and West High schools academic preparation to further pursue a college education. Students are provided year-round tutoring, college visitations, and a one week pre-college summer institute at Minnesota State University, Mankato and guidance with financial aid options.

MA-CAP Eligibility Standards

1. Student attends either Mankato East or West High School as a full-time student.
2. Student must be in 9th, 10th or 11th grade and in good standing with daily attendance.
3. Parent participation is required.
4. Student must have a cumulative grade point average of 2.0 or better.
5. Student has interest in obtaining a college education at Minnesota State University, Mankato.
6. Student must have minority status or be included in an underrepresented group.
7. Student must have a need for social and cultural needs.
8. Student has English as a second language (preferred).