**About the Pathway 2 Success**

The Aum Foundation’s Pathway 2 Opportunity junior program offers opportunities for high achieving, under-resourced junior female high school students to gain academic support, enhance soft skills, experience post-secondary environments, and begin developing educational and career goals. Our mission is to empower and support under-resourced female high school students for success, with the vision that students who complete this program will become economically independent and socially responsible.

**Program Components**

* Mentoring: Each student is matched based on personality with a professional woman in the community.
* Enrichment Classes: Students will attend five enrichment classes that emphasize various practical skills (communication and public speaking) and life skills (foresight and strategic thinking), among other topics.
* ACT Tutoring: Personalized ACT tutoring will be offered to all students.
* Tools for School: Participants receive a tablet to use throughout the program. Participants who elect to participate in ACT tutoring will receive a TI-84 graphing calculator to use throughout their high school career and beyond.

**Program Eligibility Requirements**

* Students must attend one of the following:
	+ Lee High School, Huntsville
	+ Jemison High School, Huntsville
* Applicant must be a female entering her junior year of high school.
* GPA of 3.0 or higher
* At least one (1) teacher recommendation required
* Household income must meet program requirements listed below:

| **Pathway 2 Success Income Qualification Guidelines** |
| --- |
| **Number of Persons in Family/Household** | **Not to Exceed Total Family/Household Income** |
| 1 | $27,180.00 |
| 2 | $36,620.00 |
| 3 | $46,060.00 |
| 4 | $55,500.00 |
| 5 | $64,940.00 |
| 6 | $74,380.00 |
| 7 | $83,820.00 |
| 8\* | $93,260.00 |

\*For families/households with more than 8 persons, add $4,720 for each additional person.

**Application Requirements**

* Students must submit all completed forms at one time by February 28, 2023.
	+ Email: demetria.horton@aumfoundationusa.org
	+ Mail: Aum Foundation P2S, 472 Providence Main, Suite 201, Huntsville, AL 35806
* The following mandatory forms to be completed and submitted together.
	+ From this packet:
	+ Student Application (completed, signed, and dated)
	+ Parent Application (completed, signed, and dated)
	+ School Transcript (official or unofficial)
	+ Teacher Recommendation

**Student Questionnaire (To be completed by student)**

High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade: \_\_\_\_\_\_\_

Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_ Current ACT Score: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI: \_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Alt. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (Personal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:

| * African-American
 | * Hispanic
 | * Other: \_\_\_\_\_\_\_\_\_\_\_
 |
| --- | --- | --- |
| * Asian
 | * Indian
 |  |
| * Caucasian
 | * Native American
 |  |

Do you have any allergies or health concerns?

* Yes
* No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have reliable transportation?

* Yes
* No

APPLICATION DEADLINE: FEBRUARY 28, 2023

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The P2S program matches you with a mentor. Please answer all the questions below with as much detail as possible to ensure we make the best match for you. If more space is needed, use additional sheets of paper.

1. Why should we select you to be in the Pathway 2 Success program?

2. Do you see yourself pursuing higher education, and if so, where?

| * Tech School
 | * 4-Year College/University
 | * 2-year/Junior/Community College
 |
| --- | --- | --- |
| * Military
 | * Trade/Vocational School
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

3. For career exploration, please list the top 3 careers you are interested in by level of interest:

1.

2.

3.

4. Which activities are you involved in?

1. Extracurricular non-school activities (church or community activities or clubs)
2. School activities (clubs, sports, theatre, band, organizations)

1. What do you like doing in your spare time (hobbies, other)?

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5. Would you describe yourself as an Introvert (shy, self-observer) or Extrovert (outgoing, life of the party)?

6. Describe your best friends’ personality:

7. What motivates you in challenging situations?

8. Describe a situation where your persistence paid off:

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**Student Commitment (To be completed by student)**

***Please initial each statement and sign the bottom of the form.***

\_\_\_\_\_ I understand that if accepted into the program, I will be required to attend student orientation on Sunday, June 4, 2023.

\_\_\_\_\_ I understand that I am expected to communicate regularly and openly with program staff and my mentor.

\_\_\_\_\_ I understand that I am committing to the program for one year.

\_\_\_\_\_ I understand that I will be required to meet twice a month with my mentor in order to complete the program successfully.

\_\_\_\_\_ I understand that I will be given a tablet to fulfill the requirements of completing the program.

\_\_\_\_\_ I understand that I will receive a TI-84 graphing calculator if I participate in ACT tutoring.

\_\_\_\_\_ I understand that I am expected to be respectful to Aum Foundation staff, mentors, and guests.

***By signing below, I attest to the truthfulness of all information***

***listed on this application and agree to the above terms and conditions.***

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Parent Questionnaire (To be completed by Parent/Guardian)**

Parent/Guardian Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Alt. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (Personal): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list all the members currently living in your household. Include children living in the home on a rotation (weekends only or every other week):**

| **Name** | **Age** | **Relation to Applicant** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total Number of Household Members: \_\_\_\_\_\_\_\_\_ Total Household Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION DEADLINE: FEBRUARY 28, 2023**

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**Please answer the following questions about your daughter. Use additional sheets if necessary.**

1. Is your child currently experiencing any issues either at home or at school? If yes, please explain.

2. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)?

a) If yes, please describe.

b) As a result of any of these events, is your child in therapy?

3. Can you provide any additional background information? Does she have any specific needs?

4. Do you believe your child can meet scheduling obligations, including twice monthly mentor meetings and six classes on weekends? (See attached calendar for schedule.)

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**Contact and Information Release (To be completed by Parent/Guardian)**

***Please initial each statement and sign the bottom of the form.***

I hereby grant permission for Aum Foundation and Pathway 2 Success Program Representatives to:

\_\_\_\_\_ Contact my child and conduct a personal interview for the purposes of applying to be a program participant.

\_\_\_\_\_ Contact my child on school premises for the purposes of screening and interviewing as well as ongoing support of her participation in the Pathway 2 Success program.

\_\_\_\_\_ Meet with my child at school during school hours for mentoring purposes.

\_\_\_\_\_ Allow my student to participate in job shadowing or career information sessions during and after school hours.

\_\_\_\_\_ Obtain needed information regarding my child from her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

\_\_\_\_\_ Share information about my child with those within the Pathway 2 Success organization.

\_\_\_\_\_ I understand that my child will be required to participate in meetings with their mentor twice each month and six enrichment class during the year, and *I will support my child’s participation*. Classes are normally conducted on Sundays from 1pm to 4pm. I further understand that failure to attend these classes and mentor meetings may result in my child’s expulsion from the program.

\_\_\_\_\_ I understand that I am required to attend a parent orientation with Aum staff prior to my child’s acceptance into the program. This orientation will be held on Thursday, March 30 from 5:30-6:30pm via Zoom.

\_\_\_\_\_ I give consent for my child’s name, likeness, and speech in any audio, video, or photograph made at any P2S activity to be used for public relations, media, or fundraising purposes. I also give consent for any printed materials, artwork, stories, or quotes from my child to be used for public relations, media, or fundraising purposes.

\_\_\_\_\_ I understand that my child will be participating in various one-on-one activities with a volunteer mentor, and that he/she will be under that volunteer's supervision during those activities. I release Aum Foundation, its officers, agents, employees, and volunteers from any and all liability, claims, demands, or causes of action whatsoever that I may have as Parent/Guardian of this minor, for damage, loss, or injury to him/her which may occur while participating in any of the activities contemplated in the P2S Program.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STOP!

Make sure you have completed all portions of your application

before submitting:

* The following mandatory forms must be submitted *together*.
* From this packet:
	+ Student Application (completed, signed, and dated)
	+ Parent Application (completed, signed, and dated)
* School Transcript (official or unofficial)
* Teacher Recommendation
* Pathway 2 Success applications *will not* be accepted after February 28, 2023.
	+ Submit via email to: demetria.horton@aumfoundationusa.org
	+ Send via mail to:

 Aum Foundation P2S

 472 Providence Main, Suite 201,

 Huntsville, AL 35806