



Aplicación para Inscripción de Estudiantes

**Por favor entregue su aplicación completa al Departamento de Orientación
antes de
Mayo 15, 2020**

Deben incluirse los siguientes tres elementos:

- € Aplicación de Padre incluyendo:
 - La Verificación de ingresos
 - La Verificación de Residencia del Estudiante
- € Aplicación del Estudiante incluyendo:
 - Dos Recomendaciones de maestros
proporcionados por:

Maestro/a 1 _____

Maestro/a 2 _____



Aplicación de padre

Nombre del estudiante: _____

Fecha: _____

(Por favor use letra impresa)

Ingreso bruto total del hogar – Incluya una copia de la declaración de impuestos más reciente (Forma 1040)

Nombre Enumere a todos los miembros del hogar y los ingresos que cada uno gana O marce la caja a la derecha si no tiene ingresos	Incluya el talón de pago más reciente		Asistencia social, Manutención de los hijos, Pensión alimenticia		Pensión, Social Security y Disability		Otros ingresos: Trabajo por cuenta propia, Desempleo		Marque si NO tiene ingresos ✓
Nombre	Ingresos Brutos	Frecuencia	Ingresos	Frecuencia	Ingresos	Frecuencia	Ingresos	Frecuencia	

Número total en el hogar: _____ El total del ingreso anual bruto de la familia: _____

Nombre del padre/de la madre/ encargado(a): (Letra impresa)

Firma del padre/de la madre / encargado(a):



La siguiente información es necesaria para completar esta aplicación:

Documentos:

La más reciente declaración de impuestos (Forma 1040) ____
Los dos últimos talones de pago de los padres / encargados en el
hogar ____

Copia de uno de los siguientes:

Certificado de nacimiento del estudiante ____
Tarjeta de residente (Green Card) actual ____
Tarjeta de Seguro Social ____
Pasaporte con la visa actual ____

Por favor, responda todas las preguntas a fondo e incluya la documentación necesaria. Envíe por correo electrónico todas las partes de la solicitud completa y la documentación a mwilliams@ccfutures.org o envíe a 50 South 1st. Avenue, Suite 105, Coatesville, PA 19320 antes de:

Mayo 15, 2020

Tras la recibir la aplicación completada:

- El personal de Chester County Futures (Futures) establecerá citas a través de la oficina de orientación, para entrevistar a los estudiantes en la escuela para determinar su elegibilidad para el programa.
- Si un estudiante es aceptado al programa Futures, el padre y el estudiante recibirán un aviso por escrito.
- Puede ser que un representante de Futures lo/la contacten si hay alguna pregunta con respecto a esta aplicación.

Sección de Padre / Encargado(a)



Documentos de muestra necesarios con la solicitud completa:

1040 Department of the Treasury—Internal Revenue Service **2013** U.S. Individual Income Tax Return OMB No. 1545-0074 (99) Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning .2013, ending .20

Your first name and initial: **CLIFFORD J** Last name: **RAVENSCHRAFT, II** Your social security number: [Redacted]

If a joint return, spouse's first name and initial: **STEPHANIE R** Last name: **RAVENSCHRAFT** Spouse's social security number: [Redacted]

Home address (number and street). If you have a P.O. box, see instructions. [Redacted] Apt. no. [Redacted]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). [Redacted]

Foreign country name: [Redacted] Foreign province/state/country: [Redacted] Foreign postal code: [Redacted]

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. 6c Dependents: (1) First name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If child under age 17 qualifying for child tax credit (see instructions). Dependents on 6c who: + filed with you + did not file with you due to divorce or separation (see instructions). Dependents on 6c not entered above. Add numbers on lines above. 6d Total number of exemptions claimed: 5

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2. 7 122,292. 8a Taxable interest. Attach Schedule B if required. 8a 40. 9a Ordinary dividends. Attach Schedule B if required. 9a 0. 10 Taxable refunds, credits, or offsets of state and local income taxes. 10 0. 11 Alimony received. 11 0. 12 Business income or (loss). Attach Schedule C or C-EZ. 12 0. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 13 0. 14 Other gains or (losses). Attach Form 4797. 14 0. 15a IRA distributions. 15a 0. 15b Taxable amount. 15b 0. 16a Pensions and annuities. 16a 0. 16b Taxable amount. 16b 0. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E. 17 156,941. 18 Farm income or (loss). Attach Schedule F. 18 0. 19 Unemployment compensation. 19 0. 20a Social security benefits. 20a 0. 20b Taxable amount. 20b 0. 21 Other income. List type and amount. 21 0. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income. 22 279,273.

Adjusted Gross Income 23 Educator expenses. 23 0. 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ. 24 0. 25 Health savings account deduction. Attach Form 8889. 25 0. 26 Moving expenses. Attach Form 3903. 26 0. 27 Deductible part of self-employment tax. Attach Schedule SE. 27 0. 28 Self-employed SEP, SIMPLE, and qualified plans. 28 0. 29 Self-employed health insurance deduction. 29 0. 30 Penalty on early withdrawal of savings. 30 0. 31a Alimony paid b Recipient's SSN. 31a 0. 32 IRA deduction. 32 0. 33 Student loan interest deduction. 33 0. 34 Tuition and fees. Attach Form 8917. 34 0. 35 Domestic production activities deduction. Attach Form 8903. 35 0. 36 Add lines 23 through 35. 36 0. 37 Subtract line 36 from line 22. This is your adjusted gross income. 37 279,273.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. BAA REV 01/09/14 PRO Form **1040** (2013)

2222 a Employee's social security number: 123-45-6789 OMB No. 1545-0008

b Employer identification number (EIN): 55-5765489

c Employer's name, address, and ZIP code: The Big Company, 12 Main Street, Anywhere, NC 28111

d Control number: A1B2

e Employee's first name and initial: Jane A. Doe Last name: Anywhere Else, PA 17111

f Employee's address and ZIP code: [Redacted]

1 Wages, tips, other compensation: 48,500.00 2 Federal income tax withheld: 6,835.00

3 Social security wages: 50,000.00 4 Social security tax withheld: 3,100.00

5 Medicare wages and tips: 50,000.00 6 Medicare tax withheld: 725.00

7 Social security tips: 0.00 8 Allocated tips: 0.00

9 Verification code: [Redacted]

10 Dependent care benefits: [Redacted]

11 Nonqualified plans: [Redacted]

12a D: 1,500.00 12b DD: 1,000.00 12c P: 4,800.00 12d [Redacted]

15 State Employee's state ID number: PA 124578 16 State wages, tips, etc.: 50,000.00 17 State income tax: 1,535.00 18 Local wages, tips, etc.: 50,000.00 19 Local income tax: 750.00 20 Locality name: AW

W-2 Wage and Tax Statement 2017 Department of the Treasury—Internal Revenue Service

Form Copy 1—For State, City, or Local Tax Department

Sample Company Name, Sample Company Address, 95220

EARNINGS STATEMENT

EMPLOYEE NAME	SOCIAL SEC. ID	EMPLOYEE ID	CHECK No.	PAY PERIOD	PAY DATE	
James Robert	XXX-XX-6565	454545	259248	01/23/14-01/29/14	01/31/14	
INCOME	RATE	HOURS	CURRENT TOTAL	DEDUCTIONS	CURRENT TOTAL	YEAR-TO-DATE
GROSS WAGES			1,000.00	FICA MED TAX	14.50	72.50
				FICA SS TAX	62.00	310.00
				FED TAX	159.50	797.48
				CA ST TAX	44.26	221.31
				SDI	10.00	50.00
YTD GROSS	5,000.00	YTD DEDUCTIONS	1,451.28	YTD NET PAY	3,548.72	TOTAL
						DEDUCTIONS
						290.26
						NET PAY
						709.74



Nombre del Estudiante: _____ **Fecha de nacimiento:** ____/____/____

Información de los padres/encargados:

Nombre de padre/encargado: (Letra Impresa) **Dirección**

¿Cuántos Padres / Guardianes viven en el hogar? _____

Teléfono:

Madre: Casa: _____ Cell: _____ Email: _____
 Padre: Casa: _____ Cell: _____ Email: _____
 Estudiante: Casa: _____ Cell: _____ Email: _____

Nivel más alto de educación completado por la madre/encargada:

(Por favor marque uno)

Escuela Primaria: ____ Escuela Secundaria: ____ Escuela Secundaria Superior: ____
 Escuela Técnica: ____ Universidad: ____ Universidad de Posgrado: ____

¿Recibió usted un título? Si ____ No ____ Si su respuesta es "Sí" indique el título: _____

Nivel más alto de educación completado por el padre/encargado:

(Por favor marque uno)

Escuela Primaria: ____ Escuela Secundaria: ____ Escuela Secundaria Superior: ____
 Escuela Técnica: ____ Universidad: ____ Universidad de Posgrado: ____

¿Recibió usted un título? Si ____ No ____ Si su respuesta es "Sí" indique el título: _____

Por favor liste todas las personas que viven en el hogar y su relación con el estudiante:

<u>Nombre</u>	<u>Relación</u>
_____	_____
_____	_____
_____	_____

¿Cuál es el idioma principal que se habla en el hogar? _____

¿Tienen acceso al internet (WiFi) en su casa? (Por favor circule su respuesta) Si o No

¿Se utilizan algunos de estos dispositivos de tecnología en su hogar? (Marque todos los que aplican)

__ iPad/Tableta __ Smart Phone __ Computadora __ Otro _____

Sección de Padre / Encargado(a)



Origen Étnico:

- Hispano
- Caucasiano
- Afroamericano
- Asiático
- Nativo Americano
- Otro: _____

Lugar de empleo del padre / guardián, si aplica:

Madre: _____

Numero de trabajo: _____

Si es necesario, ¿podemos llamarlo al trabajo? Si No

Padre: _____

Numero de Trabajo: _____

Si es necesario, ¿podemos llamarlo al trabajo? Si No

¿Cómo espera que Chester County Futures ayude a su hijo / hija?



Permiso de los Padres/Encargados para Participación

Gracias por ser parte de nuestro equipo para poder proveer a su hijo(a) el apoyo, información y recursos para ayudarlo a alcanzar sus sueños después de la escuela secundaria. Nosotros necesitamos su ayuda para ser más eficaces y estamos muy orgullosos de ser parte de su vida.

Estudiante:

Apellido	Nombre	Nombre Segundo
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Nombre del padre/madre/encargado(a): _____

Relación con el estudiante: _____

Numero de casa: _____ Numero de trabajo: _____

Email: _____ Celular: _____

Por favor escriba sus iniciales en los espacios debajo:

Si mi hijo/a es aceptado en Chester County Futures:

- Entiendo que el programa involucra reuniones semanales que son obligatorias.

- Entiendo que los padres/encargados son responsables del transporte hacia y desde las reuniones de Futures' y eventos especiales. _____
- Entiendo que para que mi hijo / hija pueda completar los formularios de ayuda financiera en su último año de escuela, debo proporcionar información sobre los impuestos. _____
- Entiendo que, con mi permiso, mi hijo / hija puede ser emparejado(a) con un mentor adulto de uno a uno a través de Futures. _____

Autorización para Fotografías / Vídeo

Entiendo que en ocasiones Futuros del Condado de Chester utiliza fotografías o videos en su sitio de internet, medios de comunicación social y/o para materiales promocionales relacionados con el programa. Yo entiendo también que Futuros del Condado de Chester nunca mencionará el apellido de los estudiantes.

Yo autorizo que Futuros del Condado de Chester puede utilizar imágenes electrónicas de mi hijo/a en materiales promocionales.

Nombre del padre/de la madre/ encargado(a) _____

Nombre del Estudiante _____

Firma del padre/de la madre / encargado(a) _____

Fecha _____



Student Application

Congratulations!

You have been nominated for the Chester County Futures program. Chester County Futures (Futures) is an academic enrichment, mentoring and post-secondary scholarship program that is offered to students like you who are motivated and wish to attend college or technical school.

We would like to get to know you! What are your interests, who are you, what inspires you, and who do you look up to in your life? Please answer all questions thoroughly.

<p>Your Name: _____</p> <p>Please write three words that best describe you:</p> <p>_____</p> <p>_____</p> <p>_____</p>
--

Your Middle School:

Your Home Phone: _____ Your Cell Phone: _____

Your E-mail:



Student Questionnaire

Student Name: _____ Date: _____

Please print clearly (you may use additional paper if you need more space)

Please give a brief explanation of how participating in Chester County Futures will help you to succeed?

Please tell us something that you would like us to know about you.

Why is attending college or technical school important to you?

Are you involved in any activities or clubs in school or in your community? Please describe.

Student Section



Student Questionnaire (Continued)

What is your favorite subject in school and why?

What is your least favorite subject in school and why?

What do you do in your spare time?

What person in your life has had the greatest influence on you? Why?

What career field(s) interest you and why?



Student Questionnaire (Continued)

Chester County Futures requires a significant commitment on the student's part. If you are accepted into the program, you must attend weekly after-school meetings.

Will you be able to make that commitment? _____ Yes _____ No _____ Maybe

Please explain your answer:

Please tell us any additional information about yourself that you would like us to know.

(Please use additional paper if necessary.)



Student Questionnaire (Continued)

Academic and Program Standards for Chester County Futures

1. Maintain a minimum "C" average in all classes.
2. Attend school.
3. Attend all Chester County Futures meetings.
4. Display mature and respectful conduct in and out of classroom.
5. Attend all Chester County Futures student special events.
6. Participate in at least one community volunteer activity event per year.

Student Signature: _____ **Date:** _____



Teacher Recommendation

The student named below has been nominated to become a Chester County Futures student. Chester County Futures (Futures) is an academic enrichment, mentoring and post-secondary scholarship program that is offered to students who are motivated and wish to attend college or technical school. For more information about Futures, please visit our website at www.ccfutures.org.

Two teacher recommendations are required to complete this student's application. One of those recommendations may be completed by a guidance counselor, coach or professional staff. Please return the completed recommendation to the Guidance Department. Thank you for your time.

Student's Name: _____ **Current Grade:** _____

How long have you known this student? _____

What is your relationship to this student? _____

Student's Personal Qualities: _____

Please circle the responses which best describe the student you are recommending:

Task	Below Average	Fair	Good	Excellent	Outstanding
Perseverance in doing tasks	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Reaction to criticism	1	2	3	4	5
Classroom leadership	1	2	3	4	5

Please share how you think Chester County Futures can benefit this student. Kindly include examples of his/her motivation, academic promise, and/or ability to relate to adults and whatever information you consider relevant about his/her family situation. If necessary, please continue on the back of this sheet.

Teacher's Name (please print): _____ Date: _____

Signature: _____

Phone: _____ Email: _____



Teacher Recommendation

The student named below has been nominated to become a Chester County Futures student. Chester County Futures (Futures) is an academic enrichment, mentoring and post-secondary scholarship program that is offered to students who are motivated and wish to attend college or technical school. For more information about Futures, please visit our website at www.ccfutures.org.

Two teacher recommendations are required to complete this student's application. One of those recommendations may be completed by a guidance counselor, coach or professional staff. Please return the completed recommendation to the Guidance Department. Thank you for your time.

Student's Name: _____ **Current Grade:** _____

How long have you known this student? _____

What is your relationship to this student? _____

Student's Personal Qualities: _____

Please circle the responses which best describe the student you are recommending:

Task	Below Average	Fair	Good	Excellent	Outstanding
Perseverance in doing tasks	1	2	3	4	5
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Reaction to criticism	1	2	3	4	5
Classroom leadership	1	2	3	4	5

Please share how you think Chester County Futures can benefit this student. Kindly include examples of his/her motivation, academic promise, and/or ability to relate to adults and whatever information you consider relevant about his/her family situation. If necessary, please continue on the back of this sheet.

Teacher's Name (please print): _____ Date: _____

Signature: _____

Phone: _____ Email: _____