

Application/Permission Form

To apply for admission in the **DREAMSWORK** program, I understand that **I must**:

- Finish grades 4, 5 and 6 at Hawthorne Elementary School and stay in Elkhart Community Schools until I graduate from high school.
- Take part in most of the planned **DREAMSWORK** activities with my mentor and/or an adult member of my family.
- Maintain at least a C (2.0) average, updated every semester.
- Abide by the **DREAMSWORK** Code of Conduct Rules.
- Abide by the decisions of the Hawthorne **DREAMSWORK** Advisory Board on all matters related to my staying in the program.
- Apply for the 21st Century Scholars Program no earlier than 7th grade and no later than the end of 8th grade.
- Apply for all financial aid (except student loans) when I'm a senior in high school that I'm able to pursue, which would help pay for college, university, vocational school or an apprenticeship program.

Student Name: _____

Student Address: _____

My interests and hobbies include: _____

Student Signature: _____ Date: _____

Parents/Guardians: Please check one of the following:

My child **has** my permission to be involved in the **DREAMSWORK** program: _____

My child does **not** have permission to be involved in the **DREAMSWORK** : _____

I also give permission for Hawthorne to share my child's grades, attendance records and other information with **DREAMSWORK**, and to cooperate with occasional requests for family information. In addition, I give permission for my child to take part in **DREAMSWORK** off-campus activities and to have his/her picture taken at school or off campus, and for my child to be in a study administrated by Indiana University to help track the success of students and to hopefully obtain more scholarship money for the future. I understand that activities are a part of the program and I will encourage and help my child attend them. Since grades are also a part of the guidelines, I will monitor my child's homework and grades.

Parent(s)/ Guardian Name: _____

Parent/Guardian signature _____ Date _____

Family email: _____ Phone Number: _____

Please fill out and sign this form promptly and give it to your child's teacher. Thank you!

Nan Stegmann, Program Coordinator, (574) 389-8126; Nancy@DreamsWork.org