



Boys Hope Girls Hope

Inspire. Empower. Nurture. Succeed.

San Francisco Bay Area

Hope Academy Application

Before submitting please make sure your application is complete and includes:

- Hope Academy Scholar Application - Parent Portion
- Hope Academy Scholar Application - Student Portion
- Two Handwritten Student Essays
- Completed Signature Page
- Copy of Student's Most Recent Report Card or Progress Report

Please contact Perry Im with any questions:

Office: 415-657-9302

Email: sanfran@bhgh.org

Please return to:

Hope Academy Program Manager

Boys Hope Girls Hope San Francisco Bay Area

P.O. Box 347359

San Francisco, CA 94134-7359

or

Scan & Email: sanfran@bhgh.org

Applications for the class of 2022/2023 cohort are due no later than January 2, 2017.

La última fecha para entregar las aplicaciones para la clase de 2022/2023 cohorte es el 02 de Enero 2017.



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Hope Academy Scholar Application Parent Portion

Thank you for your interest in applying to Hope Academy! Please complete the application below in your own handwriting and to the best of your ability. Only complete applications will be considered. If you have any questions, please contact Boys Hope Girls Hope at 4156579302 or sanfran@bhgh.org. Applications for the class of 2022/2023 cohorts are due by 1/2/2017

APPLICANT INFORMATION / INFORMACION DEL SOLICITANTE

Today's Date: Fecha de Hoy:		Student Name: Nombre del Estudiante:	
Social Security #: Número de Seguro Social:			
Birth date: Fecha de Nacimiento:		Birthplace: Lugar de Nacimiento:	
Age: Edad:	Sex: Sexo:	Religion: Religión:	
Current School Name: Nombre de escuela:			
Home Address: Dirección:			
City: Ciudad:		State: Estado:	Zip: Código Postal:
Primary Phone: Teléfono Primario:		Secondary Phone: Teléfono Secundario:	
Parent Email contact: Email contact de padres:			
School name: Nombre de escuela:			
Grade: Grado:	Has your child ever been held back or skipped a grade? If so, which grade? ¿Alguna vez fue retenida o saltado un grado? Si es así, qué grado?		



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FAMILY INFORMATION / INFORMACIÓN DE LA FAMILIA

Name Nombre	Date of Birth Nacimiento	Years of Education Años de Educación	Occupation Ocupación	Annual Salary Salario Anual	Primary Language Idioma Principal
Father: Padre:					
Mother: Madre:					
Are the students parents married or divorced? Son los padres del estudiante casados o divorciados?					
Do both parents live in the same home as student? Answer YES / NO: ¿Viven ambos padres en la misma casa del estudiante? Indique SI o NO:					
(If Applicable) (Si corresponde)					
Parent outside of home: (circle) Father / Mother Vive Fuera: (circule) Padre / Madre			Address (if different): Dirección (si es diferente):		
Custody of student is with (name and relationship to student): ¿Quién tiene la custodia del estudiante? (nombre y parentesco con estudiante):					

List all the people who live in the household) Liste a todas las personas que viven en la misma			
Name Nombre	Age Edad	Relationship to student Relación con el estudiante	Occupation Ocupación
1			
2			
3			
4			
5			
6			
7			
8			
9			



STUDENT'S BEHAVIOR WITHIN HOME / COMPORTAMIENTO EN CASA

Please check any of the following, which apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Helps around the house | <input type="checkbox"/> Enjoys others |
| <input type="checkbox"/> Leader | <input type="checkbox"/> Accepted by peers | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Loving | <input type="checkbox"/> Religious | <input type="checkbox"/> Dependable |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Enjoys reading |
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Anxious to please | <input type="checkbox"/> Athletic |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Accepts discipline | <input type="checkbox"/> Joins groups |
| <input type="checkbox"/> Restless or overactive | <input type="checkbox"/> Sullen or sulky | <input type="checkbox"/> Quarrelsome |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Lies | <input type="checkbox"/> Tattles |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Temper outburst | <input type="checkbox"/> Acts "smart" |
| <input type="checkbox"/> Oversensitive | <input type="checkbox"/> Selfish | <input type="checkbox"/> Destructive |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Overly sad | <input type="checkbox"/> Steals |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Fights | <input type="checkbox"/> Difficulty concentrating |

Por favor indique todos los que correspondan:

- | | | |
|---|--|--|
| <input type="checkbox"/> Cooperativo | <input type="checkbox"/> Ayuda en quehaceres | <input type="checkbox"/> Disfruta la compañía de otros |
| <input type="checkbox"/> Líder | <input type="checkbox"/> Aceptado por otros | <input type="checkbox"/> Independiente |
| <input type="checkbox"/> Cariñoso | <input type="checkbox"/> Religioso | <input type="checkbox"/> Confiable |
| <input type="checkbox"/> Creativo | <input type="checkbox"/> Extrovertido | <input type="checkbox"/> Le gusta leer |
| <input type="checkbox"/> Amigable | <input type="checkbox"/> Ansioso por complacer | <input type="checkbox"/> Deportista |
| <input type="checkbox"/> Alegre | <input type="checkbox"/> Acepta disciplina | <input type="checkbox"/> Participa en grupos |
| <input type="checkbox"/> Hiperactivo | <input type="checkbox"/> Malhumorado | <input type="checkbox"/> Buscapleitos |
| <input type="checkbox"/> Inquieto | <input type="checkbox"/> Mentiroso | <input type="checkbox"/> Chismoso |
| <input type="checkbox"/> Distráido | <input type="checkbox"/> Se enoja fácilmente | <input type="checkbox"/> Se pasa de listo |
| <input type="checkbox"/> Demasiado sensible | <input type="checkbox"/> Egoísta | <input type="checkbox"/> Destructivo |
| <input type="checkbox"/> Muy serio | <input type="checkbox"/> Deprimido | <input type="checkbox"/> Roba |
| <input type="checkbox"/> Fantasioso | <input type="checkbox"/> Peleonero | <input type="checkbox"/> Difícil de concentrarse |

Concerns that would be beneficial in assessment of student:

Preocupaciones que sería de beneficio conocer para la evaluación del Estudiante:



STUDENT'S ACADEMIC PERFORMANCE / DESARROLLO ACADEMICO

How would you describe your child's academic performance?

- | | | |
|---|---|--|
| <input type="checkbox"/> Good student | <input type="checkbox"/> Average student | <input type="checkbox"/> Poor student |
| <input type="checkbox"/> Enjoys learning | <input type="checkbox"/> Does what is necessary | <input type="checkbox"/> Hates school |
| <input type="checkbox"/> Enjoys reading | <input type="checkbox"/> Excellent reader | <input type="checkbox"/> Poor reader |
| <input type="checkbox"/> A Grade point average | <input type="checkbox"/> B Grade point average | <input type="checkbox"/> C Grade point average |
| <input type="checkbox"/> Participates in class | <input type="checkbox"/> Failing grades | <input type="checkbox"/> Resists authority |
| <input type="checkbox"/> Easily led | <input type="checkbox"/> Attendance problems | |
| <input type="checkbox"/> Demands attention | <input type="checkbox"/> Joins school athletic teams | |
| <input type="checkbox"/> Cooperates with teachers | <input type="checkbox"/> Joins school extra-curricular activities | |

Por favor indique todos los que correspondan:

- | | | |
|---|---|--|
| <input type="checkbox"/> Buen estudiante | <input type="checkbox"/> Estudiante promedio | <input type="checkbox"/> No es buen estudiante |
| <input type="checkbox"/> Disfruta el aprendizaje | <input type="checkbox"/> Hace lo que es necesario | <input type="checkbox"/> Odia la escuela |
| <input type="checkbox"/> Le gusta leer | <input type="checkbox"/> Lee excelentemente | <input type="checkbox"/> No lee bien |
| <input type="checkbox"/> Calificación A promedio | <input type="checkbox"/> Calificación B promedio | <input type="checkbox"/> Calificación C promedio |
| <input type="checkbox"/> Participa en clase | <input type="checkbox"/> Reprueba clases | <input type="checkbox"/> Resiste a la autoridad |
| <input type="checkbox"/> Es fácil dirigirlo | <input type="checkbox"/> Problemas de asistencia | |
| <input type="checkbox"/> Requiere atención | <input type="checkbox"/> Participa en equipos atléticos de la escuela | |
| <input type="checkbox"/> Cooperera con los maestros | <input type="checkbox"/> Participa en actividades extra-curriculares | |

School athletic teams and/or clubs student is involved in:

Equipos deportivos de la escuela o clubes en los que el estudiante esté involucrado:

Special awards or academic accomplishments:

Trofeos especiales o logros académicos:

Has student ever been suspended or expelled? Answer YES / NO:

¿Ha sido suspendido o expulsado el estudiante alguna vez? Indique SI o NO:

If Yes, how many times?:

¿Cuántas veces?:

If Yes, Why:

Si respondió SI, explique ¿por qué?

Do you have access to a computer at home?

¿Tiene acceso a una computadora en casa?

Do you have access to the internet at home?

¿Tiene acceso a Internet en casa?



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SCHOOLS & MOTIVATION/ ESCUELAS Y MOTIVACIÓN

Pease list all the schools your child has atended since Kindergarten:

Por favor, enumere todas las escuelas a las que atended desde Kindergarten:

Describe why you think your child would be a good fit for Hope Academy.

Describa por qué cree que su hijo se beneficiaría de Hope Academy.



MEDICAL INFORMATION / INFORMACION MEDICA

Please report any serious illnesses, operations or injuries and the age at which they occurred. Favor de indicar cualquier enfermedad seria, operaciones o accidentes y la edad que tenía.	
Age: Edad:	Age: Edad:
Age: Edad:	Age: Edad:
Does student have any allergies? Please list: ¿Padece el estudiante de alergias? Por favor indíquelas:	
Does student wear glasses? Answer YES / NO: ¿Usa anteojos el estudiante? Indique SI o NO:	Date: Fecha:
Has student had an eye examination? Answer YES / NO: ¿Le han hecho un exámen de la vista? Indique SI o NO:	Date: Fecha:
Has student had a periodic physical? Answer YES / NO: ¿Le han hecho un exámen físico periódicamente? Indique SI o NO:	Date: Fecha:
Has student had periodic dental care? Answer YES / NO: ¿Ha tenido el estudiante cuidado dental periódicamente? Indique SI o NO:	Date: Fecha:

Please check if applies to student. Marque con una X las que apliquen al estudiante.	
<input type="checkbox"/> Hyperactivity Hiperactivo	<input type="checkbox"/> Visual or Auditory Processing Disorder Trastorno de procesamiento visual o auditivo
<input type="checkbox"/> Attention-Deficit Disorder Trastorno por déficit de atención	<input type="checkbox"/> Dyslexia Dislexia
<input type="checkbox"/> Depressive symptoms Depresión	<input type="checkbox"/> Other: Otros síntomas/padecimientos:
Health insurance company: Nombre de compañía aseguradora:	

Is student currently taking any medication? Answer YES / NO: ¿Está el estudiante actualmente tomando algún medicamento? Indique SI o NO:
Name of medication: Nombre del medicamento:
Reason: Razón:

Any further medical concerns of family in which we should be informed of: Cualquier otra preocupación/situación médica familiar de la cual debiéramos ser informados:
--



Hope Academy Scholar Application Student Portion

Please answer each question honestly and in your own handwriting.

I ask for help when I need it:			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

I work hard to do well in school:			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

I think I am doing pretty well:			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

My teachers like me:			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

I complete & turn in my homework on time:			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

I work well with others:			
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Most of the time	<input type="checkbox"/> All of the time

How would you describe yourself at school? (please check all that apply)		
--	--	--

- | | | |
|---|---|--|
| <input type="checkbox"/> Good Student | <input type="checkbox"/> Mostly A's | <input type="checkbox"/> Good Attendance |
| <input type="checkbox"/> Enjoys Learning | <input type="checkbox"/> Hard Worker | <input type="checkbox"/> Poor Attendance |
| <input type="checkbox"/> Excellent Reader | <input type="checkbox"/> Participates in Class | <input type="checkbox"/> Poor Reader |
| <input type="checkbox"/> Average Student | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Mostly C's |
| <input type="checkbox"/> Does What Is Necessary | <input type="checkbox"/> Sometimes participates | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Enjoys Reading | <input type="checkbox"/> Talks Too Much | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Mostly B's | <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Failing Grades |
| <input type="checkbox"/> Good Listener | <input type="checkbox"/> Doesn't like authority | |



SCHEDULE & AVAILABILITY

Answer the following questions:

What time do you typically get out of school? _____

How do you usually get home from school? _____

Most days, I spend my time afterschool _____

If accepted into Hope Academy I would be able to attend every day after school (Monday – Thursday afterschool until 8pm). Yes or no? If no, why not?

ESSAY

Please **choose two out of the following** essay questions to answer. Each answer should be written in your own handwriting on a separate sheet of paper (minimum of 150 words each).

- 1) Why are you interested in applying to this program? In what ways do you think you will benefit from being a Hope Academy Scholar?
- 2) Who is your role model? Why do you consider them to be a good role model?
- 3) What activities do you enjoy doing outside of school? What hobbies or skills are you interested in learning or improving?
- 4) What are your college and career goals? Where do you see yourself in 10 years?



SIGNATURE PAGE/ PÁGINA DE FIRMAS

**If admitted, will you be able to provide?
 De ser admitidos, serás capaz de proporcionar?**

Please answer each question honestly.			
	Social Security Card Tarjeta de Seguro Social		W2 or Financial Information W2 o información financiera de familia
	Birth Certificate Certificado de Nacimiento		Achievement Test (if applicable) Exámen de Evaluación Académica (si aplica)
	Immunization Record Record de Inmunizaciones (vacunas)		Psychological Test (if applicable) Exámen Psicológico (si aplica)
	Health insurance card Tarjeta de seguro medico		Individualized Education Plan, IEP (if applicable) Plan de Educación Individualizada (si aplica)

I certify that the information provided in this application is true and complete to the best of my knowledge. If accepted into the program, I agree to participate fully and work hard to realize my full potential.
 Certifico que la información proporcionada en esta solicitud es verdadera y completa al mejor de mis conocimientos.

 Student Signature
 Firma del Estudiante

 Print Name
 Nombre con letra de molde

 Date
 Fecha

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that my child's application will not be considered complete until we participate in a family interview.
 Certifico que la información proporcionada en esta solicitud es verdadera y completa al mejor de mis conocimientos.

 Parent/Guardian Signature
 Firma del Padre o Tutor

 Print Name
 Nombre con letra de molde

 Date
 Fecha

Please return to:

**Hope Academy Program Manager
 Boys Hope Girls Hope San Francisco Bay Area
 P.O. Box 347359
 San Francisco, CA 94134-7359**

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