Trinity Education for Excellence Program

Our mission at TEEP is to establish a safe and supportive community with Boston’s Youth of Color where every member is inspired to discover, empowered to achieve, and individually affirmed.

Summer Admissions Application

TEEP (Trinity Education for Excellence Program) is a tuition-free, out-of-school time program that empowers students to pursue excellence. We do this through academic enrichment, cultural exploration, character and leadership development, and progress toward high school and college education. We are a welcoming community that accepts students from diverse backgrounds, and all faith traditions, and those without a faith tradition. While we have pipeline programming for 7th – 12th graders throughout the year, all new applicants must be currently enrolled in the sixth and seventh grades.

Applicants admitted to TEEP are expected to participate for three consecutive Summer Sessions and events throughout the school year. Graduates of the 3-year middle school program are eligible for nomination into our Leadership Development Program (LDP) for high schoolers.

Applications will be reviewed on a rolling basis, and early applications are encouraged.

Please mail completed application to:
TEEP
Trinity Boston Connects
206 Clarendon Street
Boston, MA 02116

OR e-mail electronic copies to:
pandrade@trinityconnects.org

Summer Session 2020

Interviews
Families will be contacted to schedule admissions interview (Feb.–May)

Decision Letters
Mailed from March-May; all waitlisted students will be notified by June.

Summer Orientation
Saturday, June 13th, 2019

Summer Session
Monday, June 29th – Friday, July 31st

Family Night/Talent Show
Wednesday, July 15, 5:30 – 7pm

Graduation
Thursday, July 30th, 5:30 – 8pm
RELEASE OF ACADEMIC RECORDS

TEEP applicants must submit with their application (1) a copy of most recent report card (2) IEP, if applicable, and (3) Teacher Assessment. This section grants TEEP permission to request listed documents from the student’s school. Please fill information below. *If the listed forms are not submitted the application will remain incomplete until documents are provided.*

Student’s Name ________________________________________________________________

(First, Middle, Last)

I, __________________________, give permission to the Trinity Education for Excellence Program to access the following information for my student:

- The above-named student’s transcripts/report cards, including grades and/or comments, from 6th grade up to the most recent report card or progress report.
- The above-named student’s IEP (if applicable).

Thank you,

__________________________________________  __________________________
Signature of Parent or Legal Guardian              Date

Thank you for your help in the admissions process!
I. STUDENT APPLICANT INFORMATION

Student’s Full Name: ______________________________________________________________

Date of Birth: _____ / _____ / __________ Age: ______ Gender: ______

Mailing Address: __________________________________________ City: __________________

Zip Code: ______

School Student is currently attending: ______________________________

Student Email: ___________________________________________________________

Student Cell Phone: ______ - ________ - ____________

Ethnicity (please check all that apply):

☐ African American  ☐ Asian American  ☐ Caribbean  ☐ Latina/o  ☐ White/ Caucasian
☐ Multi-racial __________________________  ☐ Other: __________________________

Student T–Shirt Size (standard adult size):  ☐ XS  ☐ S  ☐ M  ☐ L  ☐ XL  ☐ XXL

II. STUDENT QUESTIONNAIRE

1. Please describe one role model in your life. How have they positively affected you?

2. What do you want to be when you grow up? How can an education help you get there?

3. Describe a time when you did something difficult or outside of your “comfort zone.” What was the outcome? What did you learn from the experience?
III. PARENT/GUARDIAN INFORMATION

PG1 Full Name: ____________________  Relationship to Applicant: ________________

Lives with Applicant? (circle one) Y | N

Home Phone: ____________________  Cell Phone: _______________________

Work Phone: ____________________  Email: _____________________________

Preferred Method of Contact:
- Email
- Cell
- Work
- Home

Occupation: ______________________  Employer (optional): ____________________

Highest Level of Education Completed, please select one:
- Grade school
- High School or GED
- Some college
- Associate’s degree
- Bachelor’s degree
- Master’s degree
- Other (please specify): ________________________

Country Highest Degree was completed in: __________________________

* * * * * * * * * * * * * * * * * * * * * * * * *  * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

PG2 Full Name: ____________________  Relationship to Applicant: ________________

Lives with Applicant? (circle one) Y | N

Home Phone: ____________________  Cell Phone: _______________________

Work Phone: ____________________  Email: _____________________________

Preferred Method of Contact:
- Email
- Cell
- Work
- Home

Occupation: ______________________  Employer (optional): ____________________

Highest Level of Education Completed, please select one:
- Grade school
- High School or GED
- Some college
- Associate’s degree
- Bachelor’s degree
- Master’s degree
- Other (please specify): ________________________  Country Highest Degree was completed in: __________________________
IV. **Family Questionnaire**

1. How did you learn about TEEP?

2. Why do you think your student would be a right fit for TEEP?

3. Did your child attend a summer program or camp last summer? If so, which one?

4. Household Income, please select one:
   - □ Less than $10,000
   - □ $10,001 to $20,000
   - □ $20,001 to $30,000
   - □ $30,001 to $50,000
   - □ $50,001 to $70,000
   - □ $70,001 and above

5. Household Size: ______

6. Members of Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>School/Occupation</th>
<th>Relationship</th>
<th>Attended TEEP?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____________________________</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>_____________________________</td>
<td></td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>_____________________________</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>_____________________________</td>
<td></td>
<td></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td>_____________________________</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>

7. Will your student be the first to attend college in your family in the US? □ Yes □ No
8. What is the primary language spoken in your home? ___________________________.

9. What other language(s) is your student fluent in? (Circle all that apply)
   - English
   - Spanish
   - Portuguese
   - French
   - Cape Verdean Creole
   - Haitian Creole
   - Other: __________________

V. CONFIDENTIALITY
The parent or guardian agrees that the information on this application and any other supplemental materials submitted to the Trinity Education for Excellence Program, a program of the Trinity Boston Foundation, is true to the best of their knowledge. Personal student information is confidential and will not be disclosed to any other persons not affiliated with TEEP and the Trinity Boston Foundation unless given parental consent.

_____________________________
Parent/Guardian Signature

_____________________________
Parent/Guardian Name

_____________________________
Date
Teacher Assessment

Please note that TEEP is not an academic merit program. This teacher assessment will serve to inform Program Admissions about student’s performance in a classroom setting. Please print your student’s name and school information below, then give this form to the teacher of your choice.

The teacher should send this form directly to the Trinity Education for Excellence Program, 206 Clarendon Street, Boston, MA 02116, or fax it to Priscilla Andrade at TEEP, 617-536-8916.

<table>
<thead>
<tr>
<th>STUDENT INFORMATION:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCHOOL NAME:</strong></td>
<td><strong>TEACHER NAME:</strong></td>
</tr>
<tr>
<td><strong>STUDENT NAME:</strong></td>
<td><strong>CLASS SUBJECT:</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Does this student have a 504 plan?</td>
<td>Does this student have an IEP?</td>
</tr>
<tr>
<td>□ Yes □ No □ Don’t Know Area:</td>
<td>□ Yes □ No □ Don’t Know Area(s):</td>
</tr>
<tr>
<td>If yes, what accommodations does the student require? (please comment)</td>
<td>If yes, what level of support does the IEP require? (please comment)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASSROOM HABITS AND BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOR EVERY STATEMENT BELOW, PLEASE CHECK ONE BOX THAT RELATES TO THIS STUDENT:</strong></td>
</tr>
<tr>
<td>Gives their best effort</td>
</tr>
<tr>
<td>Responds Positively to adult redirection:</td>
</tr>
<tr>
<td>Cooperates with and is respectful to peers:</td>
</tr>
<tr>
<td>Excels while working in a group:</td>
</tr>
<tr>
<td>Excels while working individually:</td>
</tr>
<tr>
<td>Is open to trying/learning new things:</td>
</tr>
</tbody>
</table>
**Reflection of Candidate:**

1. How long have you known this candidate and to what capacity?

2. What three words can you use to describe this student?

3. What tools or resources does this student need to be successful in and outside of the classroom?

**Additional Comments:**

**Signature:** ___________________________  **Date:** ____________________
APPLICATION DEADLINE: SATURDAY, MAY 2ND, 2019

Applications will be reviewed on a rolling basis, and early applications are encouraged.

Please mail completed application to:

TEEP
Trinity Boston Foundation
206 Clarendon Street
Boston, MA 02116

OR e-mail electronic copies to:
pandrade@trinityconnects.org