Dr. Martin Luther King, Jr. Mentoring Program Application 2018-2019

Dr. Martin Luther King Jr. (MLK) Mentoring Program is designed to work mainly oneon-one with middle school students to provide academic support and character building and is opened to **any** interested students. The mentoring program is an important resource because the students are able to spend time working on academic and other challenges unique to them. **It is an excellent environment for completing homework.** The program is coordinated by Dr. Armendia Dixon and is a collaboration between Allegheny College, The Martin Luther King, Jr. Foundation and Crawford Central School District.

The Parent and student applicant will receive a copy of the year-long schedule before the 2018-2019 School Year begins.

I. The primary goals of the program are:

- To assist the mentee in mastering his/ her course work
- To help the mentee increase her/his level of self-confidence and independence
- To recognize the mentee's academic achievements by providing him/ her with learning strategies for being successful
- To sharpen the mentee's skills in such a way as to ensure her/his academic success
- To provide character and community- building activities that promote positive social interactions
- To provide incentives for the mentee to reach his/her academic goals
- To maintain a connection with teachers and keep them informed about the progress of the students enrolled in the program

II. Structure of the program:

- Program will run weekly on TUESDAY and THURSDAY from 3:30pm 5:30pm in a designated room in the middle school.
- The program will follow the school calendar along with Allegheny College's academic calendar.
- Applications will be accepted and students may enroll as open positions allow.
- The program will accommodate up to 30 students (15 7th grade students, 15 8th grade students).
- Allegheny College mentors will be assigned 1-3 mentees and engage in a number of activities including but not limited to: academic and social skill-building, community building, and field trips to cultural offerings as per the curriculum.

***Students must obey all school rules during the MLK Mentoring Program both in Meadville Area Middle School and on outings outside the school. Failure to obey the rules may result in dismissal from the program.

Return this application to Mr. Lynch before the end of the 2017-2018 School Year.

GENERAL INFORMATION:

| Full Name: | | |
|-------------------------------|-----------------|--|
| | | |
| Preferred Name: | | |
| Birthday:/ | | |
| Gender: | | |
| Grade: | | |
| POD: | | |
| First Period Teacher Day 1: | Day 2: | |
| Home Address: | | |
| Phone Number: (Home) | _ (Parent Cell) | |
| EMERGENCY CONTACT INFORMATION | <u>N:</u> | |
| Emergency Contact Name | | |
| Relationship | | |
| Address | | |
| | | |
| Phone Number: (Home) | (Cell) | |

<u>APPLICATION QUESTIONS TO BE COMPLETED BY PARENTS OF APPLICANT:</u>

| 1. | Does your son/daughter have any medical condition(s) that are relevant to the program? If so, explain. |
|----|--|
| 2. | Does your son/daughter have any behavioral diagnosis? If so, explain. |
| 3. | Does your son/daughter have any allergies? Please list. |
| | APPLICATION QUESTIONS TO BE COMPLETED BY STUDENT APPLICANT: |
| 1. | Why are you interested in this program? |
| 2. | What subject(s) do you need help with? |
| 3. | What do you hope to learn from this program? |
| 4. | Are you willing to commit to coming to this program twice a week for approximately 2 hours? |

5. Are you involved in any other programs (clubs, sports teams, etc.)? Please list when you are involved.

STUDENT CONTRACT

| Please print. |
|---|
| obeying school rules, and devoting my best, if accepted. |
| Signature of student: |
| Date: |
| |
| PARENTAL PERMISSION |
| I, parent/guardian of |
| Please print. |
| the student, give him/her permission to participate in the MLK Mentoring Program. |
| Signature of parent/guardian: |
| Date: |
| |
| Photograph Release |
| By signing below, I hereby authorize the MLK Mentoring Program to publish photographs taken during the program and on program sponsored outings and the use of my child's name with these photos. Photos will be used to highlight the accomplishments of students and to promote the program in the community. |
| Signature of parent/guardian: |
| |
| If you would like more information about the MLK Mentoring Program or have any questions/concerns, please contact: |
| MAMS Principal: Mr. Scott Lynch or Dr. Armendia P. Dixon |
| 814-333-1188 |