



SCHOLARSHIP APPLICATION

Join the Academy. Get accepted.



Requirements: Applicants must be A-G eligible and on track to graduate high school in 2017 with a minimum 2.75 GPA. Applicants must also be graduates of the Head Start program.

STUDENT INFORMATION

Name: _____

Email: _____

Phone Number: _____

Date of Birth: _____

High School: _____

Zip Code: _____

What ethnicity do you most identify with?

- African-American
 - American Indian or Alaskan Native
 - Asian or Pacific Islander
 - Caucasian / White
 - Latino(a) / Hispanic
 - Other
- _____

What college preparatory programs will you be involved with during your senior year?

- Upward Bound
 - GEAR UP
 - Cal-SOAP
 - Yalla SD
 - Barrio Logan
 - Other (please specify)
- _____

Household Information

What is the highest level of your parents' education?

What was your family income in 2014? _____

How many people do you live with? _____

Are you currently receiving free or reduced lunch?
 Yes No

Parent 1

- Middle School
- High School
- Some College
- 2-yr College Degree (Associate's)
- 4-yr College Degree (Bachelor's)
- Master's or Doctoral Degree
- Professional Degree (MD, JD)
- Unknown

Parent 2

- Middle School
- High School
- Some College
- 2-yr College Degree (Associate's)
- 4-yr College Degree (Bachelor's)
- Master's or Doctoral Degree
- Professional Degree (MD, JD)
- Unknown

Parent Information

Name(s): _____ Phone Number: _____

Email: _____ Other Phone Number: _____

APPLICATION MATERIALS

1. Essay:

Why do you want to go to college and how can this program help you get there?

Please type a 1-page response to this question and attach it to your application.

2. Transcript:

Please attach an unofficial transcript.

3. Release:

Please attach a signed release.

4. Head Start:

Head Start signature verification.

If you have any questions, email Ghia at GRansome@neighborhoodhouse.org or call 858-715-2642 x.179



Student Name: _____

Medical Consent Form + Participation Agreement & Release

Section I. Important Information for Medical Emergencies

Insurance Carrier _____ Policy # _____

Name of Emergency Contact: _____ Phone # _____

STUDENT Social Security # _____ PARENT/GUARDIAN EMAIL: _____

Are there any medical conditions or physical limitations that we should know about your child? Yes/ No

If yes, please explain: _____

Section II. Participation Agreement and Release

This Participation Agreement and Release (the "Release") between Reality Changers, a California non-profit corporation ("Reality Changers") and the undersigned participant ("Participant"), where such Participant is aged 18 years or older, or the undersigned legal guardian of the Participant, on behalf of Participant where such Participant is aged less than 18 years, as the case may be, is made and entered into as of (**Today's date**) _____, 2015. In consideration of the opportunity afforded Participant to participate in a Reality Changers activity and/or program, and for good and valuable consideration, the receipt and sufficiency of which the undersigned hereby acknowledges, the undersigned grants to Reality Changers and its respective agents, licensees, successors and assigns the rights set forth herein.

License: The undersigned grants to Reality Changers and its respective agents, licensees (including, The Neighborhood House Association "NHA"), successors and assigns the irrevocable and perpetual right to use: (i) Participant's name, photograph, likeness, voice, biographical and personal background information, statements, and participation in the Reality Changers and NHA activities or related programs; (ii) any college essays, speeches or other works created by Participant incident to the Reality Changers or NHA activities or related programs; (iii) any notes, photograph, film, or video or audio tape that may be taken of the undersigned or of any of the above materials, including the audio, video and any other multimedia form of the undersigned's participation in the Reality Changers or NHA activities and related programs; and (iv) any ancillary or derivative materials based on any of the foregoing (collectively (i)-(iv) are the "Participation Materials"), in connection with the marketing, advertising, publicizing, and exhibiting of Reality Changers, NHA and its programs and activities, including, but not limited to, the College Apps Academy Program, Senior Academy, Reality Changers comprehensive tutoring program or for any other Reality Changers program or business, in whole or in part, in any manner whatsoever, by any and all means, media, devices, processes and technology now or hereafter known or devised, including, but not limited to, yearbooks, publications, and website materials as may be published by Reality Changers or NHA. Participant understands and agrees that all Participation Materials, including without limitation, all negatives, positives, prints, film, tapes, DVDs, CDs, streaming files, and any other media now known or hereafter devised in which the Participation Materials are stored, replayed, replicated or utilized are and shall remain the sole property of Reality Changers and NHA. Reality Changers and NHA shall have the right to reproduce, distribute and prepare derivatives of the above that may include any part or all of the above.

School Visit: Incidental to the above license, the undersigned hereby irrevocably authorizes Reality Changers and its respective employees or agents to visit the undersigned's school site, observe classes, and obtain the undersigned's school grades, school transcripts and school records.

Student Name: _____

Drug Use/ Testing: The undersigned acknowledges Reality Changers does not condone or permit any use of illegal and controlled substances, except for medications as may be prescribed to the Participant by a licensed physician. The undersigned hereby authorizes the use by Participant while attending Reality Changers activities or related programs, of medications as may be prescribed to the Participant by a licensed physician or over the counter medications as directed by the respective manufacturers labels. The undersigned hereby authorizes Reality Changers to administer drug tests on the Participant as mandated by Reality Changers' internal policies.

No Warranties: THE UNDERSIGNED UNDERSTANDS AND AGREES THAT REALITY CHANGERS MAKES NO WARRANTIES AND SPECIFICALLY DISCLAIMS ALL WARRANTIES, EXPRESS, IMPLIED OR STATUTORY, REGARDING ALL ACTIVITIES AND PROGRAMS CONDUCTED BY REALITY CHANGERS AND REGARDING ANY FACILITIES, AREAS OR OTHER LOCATIONS WHERE SUCH ACTIVITIES AND PROGRAMS ARE CONDUCTED.

Release of Claims: The undersigned hereby forever releases Reality Changers, NHA and its officers, directors, volunteers, agents and sponsors from any and all causes of action, suits, claims, demands, or any other damages associated with (i) the use by Reality Changers or NHA of the Participation Materials as permitted herein; (ii) Participant's participation in the Reality Changers and NHA activities, including, but not limited to, any property damage and bodily harm, injury or death suffered by Participant therein or related thereto; (iii) any transportation, programs, activities or other services provided by third parties incident to Participant's participation in the Reality Changers and NHA activities; (iv) Reality Changers' and NHA's use of Participant's likeness and biographical information as permitted herein and any associated identifying characteristics, including without limitation claims arising from rights of publicity, rights of privacy, trademark, copyright, obscenity or defamation; (v) or by virtue of any blurring, distortion, alteration, or use in composite form of the Participation Materials, whether intentional or otherwise, that may occur or be produced in such use or in any subsequent processing thereof. The undersigned hereby irrevocably waives all rights and benefits now or in the future under and by virtue of the terms of Section 1542 of the California Civil Code which reads as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.

Limitations of Liability: In no event will Reality Changers, NHA and their officers, directors, volunteers, agents, and sponsors be liable to Participant for any indirect, special, punitive, incidental or consequential damages (including, without limitation, those resulting from lost profits), regardless of whether Reality Changers or NHA has advance notice of the possibility of such damages, arising out of Reality Changers' or NHA's use of the Participation Materials or Participant's likeness and biographical information. In no event will Reality Changers' or NHA's cumulative liability for any damages arising out of or in connection with the Participant's participation in any Reality Changers or NHA activity, program or any other matter related to this Release (whether arising out of contract, tort, or other legal theory) exceed \$250.

Choice of Law: This Agreement shall be governed by and construed in accordance with the laws of the State of California, USA, without regard to the conflict of laws provisions thereof.

Reality Changers	Participant Name: _____
(OFFICE USE ONLY)	Age: _____ Gender: _____
By: _____	Signature: _____
Name: _____	Head Start Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Approx. dates attended: _____
	Guardian Name: _____
Its: _____	Date: _____
Signature: _____	Signature: _____
	(Guardian to sign if Participant is less than 18)