



# 2019-2020 Application

Return application to:

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By the following date:

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**Con Mi MADRE:**

1617 Park Place Ave., Suite

110 Fort Worth, TX 76110

**Telephone:** 817-966-0114

**Email:** [info@conmimadre.org](mailto:info@conmimadre.org)

# Con Mi MADRE PROGRAM APPLICATION

**Application Deadline:  
October 21<sup>st</sup>, 2019**

All information is kept in strict confidence. Please provide information for **ALL** sections of the application and print in ink. Following the completion and submission of this application you will be notified by a Con Mi MADRE staff member of admittance to the program.

## STUDENT INFORMATION – PLEASE PRINT

Student's Full Name:

Last	First	Middle
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Student Birth Date:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

Student's Place of Birth:

\_\_\_\_\_  
City State

What is your race/ethnicity?

- American Indian/Alaska Native
- Asian
- Native Hawaiian/Pacific Islander
- White
- Black/African American
- Other: \_\_\_\_\_

If you are Hispanic/latino, which characterizes your ethnicity? Check all that apply.

- Mexican/Mexican American
- Cuban/Cuban American
- Puerto Rican
- Other: \_\_\_\_\_

Gender Identity:

- Female
- Male
- Transgender woman/transwoman
- Transgender man/transman
- Genderqueer
- Other: \_\_\_\_\_

Student Home Address:

Street	City	State	ZIP Code	County
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Home Phone:

Student Cell:

Student Email:

School Currently Attending:

Current Grade Level:

Student School ID#:

School You Plan to Attend during the 2019-2020 academic year:

Will you be the first in your family to attend college?  
 Yes  No

Does the student have any known allergies?  No  Yes (please list)

Any medications taken for the known allergies? If so, please list below.

**\*\*\* An Incomplete Application or Participation Agreement Will Not Be Processed \*\*\***

**PARENT/GUARDIAN #1 IDENTIFYING INFORMATION– PLEASE PRINT**

Parent/Guardian's #1 Name:

Last	First	Middle
What is your race/ethnicity? <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____	If you are Hispanic/latino, which characterizes your ethnicity? Check all that apply.  <input type="checkbox"/> Mexican/Mexican American <input type="checkbox"/> Cuban/Cuban American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other: _____	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender woman/transwoman <input type="checkbox"/> Transgender man/transman <input type="checkbox"/> Genderqueer <input type="checkbox"/> Other: _____
Date of Birth:  ____ / ____ / ____ (month) (day) (year)	Cell Phone #:  _____  Work #:  _____	Email:  _____
Parent/Guardian's Occupation:	Highest Education Level Completed:  <input type="checkbox"/> Elementary School <input type="checkbox"/> Some College <input type="checkbox"/> Middle School <input type="checkbox"/> Associate's/Bachelor's Degree <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Graduate Degree	

**PARENT/GUARDIAN #2 IDENTIFYING INFORMATION– PLEASE PRINT**

Parent/Guardian's #2 Name:

Last	First	Middle
What is your race/ethnicity? <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____	If you are Hispanic/latino, which characterizes your ethnicity? Check all that apply.  <input type="checkbox"/> Mexican/Mexican American <input type="checkbox"/> Cuban/Cuban American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other: _____	Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender woman/transwoman <input type="checkbox"/> Transgender man/transman <input type="checkbox"/> Genderqueer <input type="checkbox"/> Other: _____
Date of Birth:  ____ / ____ / ____ (month) (day) (year)	Cell Phone #:  _____  Work #:  _____	Email:  _____
Parent/Guardian #2 Occupation:	Highest Education Level Completed:  <input type="checkbox"/> Elementary School <input type="checkbox"/> Some College <input type="checkbox"/> Middle School <input type="checkbox"/> Associate's/Bachelor's Degree <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> Graduate Degree	

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**HOUSEHOLD INFORMATION– PLEASE PRINT**

Primary Language spoken at home?    English    Spanish    Other \_\_\_\_\_

Who does the student live with? (Check all that applies)

- Mom    Father
- Grandmother    Grandfather
- Siblings (# of siblings \_\_\_\_\_)
- Other: (please list) \_\_\_\_\_

Has anyone in the immediate family participated in the Con Mi MADRE before?

- Yes, in the past    No
- Yes, currently someone in my family is participating in the program

Does anyone in your household receive free or reduced lunch?

- Yes    No

How many family members in your household currently attend college?

\_\_\_\_\_

What is your yearly household income? eg. \$20,000

\$ \_\_\_\_\_

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## QUESTIONS FOR STUDENT APPLICANT

In a brief paragraph describe what you want to be/do when you grow up and how you think **Con Mi MADRE** can help you achieve it:

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## QUESTIONS FOR PARTICIPATING PARENT

In a brief paragraph describe academic and personal goals you have for your daughter and how you think **Con Mi MADRE** may help you achieve them: (puede contestar en español)

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# PARTICIPATION AGREEMENT

Con Mi MADRE is designed to provide support and information to students and parents who participate in the program. These services are intended to prepare students to enter a college or university upon graduation from high school and obtain a college degree or certification.

**Student and Parent:**

I, \_\_\_\_\_ and \_\_\_\_\_ must meet the

**Student**

**Parent(s) or Guardian**

following conditions annually in exchange for the following Con Mi MADRE services:

Preparedness Program: (Grades 6 <sup>th</sup> -10 <sup>th</sup> )	Participation Program: (Grades 11 <sup>th</sup> & 12 <sup>th</sup> )	Success Program: (College students)
<ul style="list-style-type: none"> <li>• Attend program orientation</li> <li>• Complete 15 hours of volunteer service</li> <li>• Attend our 2 conferences per year</li> <li>• Attend our annual Bilingual College and Career Fair</li> <li>• Attend 75% of the bi-weekly campus meetings at school</li> <li>• Maintain a 2.5 grade point average or better</li> </ul>	<ul style="list-style-type: none"> <li>• Complete 15 hours of volunteer service</li> <li>• Attend our 2 conferences per year</li> <li>• Attend our annual Bilingual College and Career Fair</li> <li>• Attend 75 % of the monthly campus meetings at school.</li> <li>• Attend 6 out 9 college academies per year.</li> <li>• Attend 2 college visits, at least 1 Con Mi MADRE college visit.</li> <li>• Be enrolled in at least 1 AP/Pre-AP/Dual credit course per year</li> <li>• Take the SAT and ACT and turn in scores to Con Mi MADRE Staff</li> <li>• Complete FAFSA/TAFSA application</li> <li>• Complete 2 post-secondary applications or 1 TX/Common app</li> <li>• Maintain a 2.5 grade point average or better</li> </ul>	<ul style="list-style-type: none"> <li>• Complete at least 15 hours of volunteer services in the community.</li> <li>• Attend 4 out of 6 success workshops per year (Out of state can Skype in).</li> <li>• Attend at least 1 conference (except for out of state students)</li> <li>• Maintain a 2.5 grade point average or better</li> <li>• Attend two (one per semester) 1-on-1 meetings with program coordinator (Out of State will Skype or phone call)</li> <li>• Turn in required documentation (Semester Grades and Schedules, Financial Award Package, Volunteer Log and FERPA Form)</li> </ul>

## Parent Approval of Student Participation

\_\_\_\_\_ is my child and/or is currently under my legal guardianship.

**Student's Name (please print)**

She may participate in any and all Con Mi MADRE programs, trips, and activities for which she is eligible. In consideration of my child being permitted to make trips and take part in Con Mi MADRE activities and the instruction my child will receive by reason thereof, I hereby relieve and release Con Mi MADRE, its sponsoring and participating universities, colleges, school districts, organizations, and their respective officers, employees, and agents, together with all those persons assisting with any phase of trips and all program activities (excluding paid certified carriers) from any and all liability, responsibilities for making trips and activities and hereby releases all of said parties from all liability by reason of any accident, injury or other harm that may be suffered by said child while on any trip or while participating in any program activities. I agree to indemnify and hold all of said parties harmless from all claim's hereafter made by or asserted on behalf of the above named student.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Date

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## Parent Consent for Release of Information between School district and Con Mi MADRE

Partner/Provider Organization Name: *Con Mi MADRE*

Student School ID #: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Name of Students School: \_\_\_\_\_

Grade Level: \_\_\_\_\_

- **Con Mi MADRE** requests your permission to collect data about your student from the school district for as long as your student is active participant in the program. Participation may include multiple school years. If your student is no longer a participant, access to the data will be removed for Con Mi MADRE staff.
- **Con Mi MADRE** will be granted permission to collect or view your student's data in the school districts electronic data system. The following specific data will be requested or viewed by the authorized **Con Mi MADRE** staff:
  - **Demographics** – 1 1-digit TEA identification number, date of birth, age, gender, ethnicity, grade level, district enrollment dates, and types of services received, English Language Learner (ELL) flag and retained flag.
  - **Attendance** (current and previous school year) – days enrolled, date absent, absence reason and dates tardy.
  - **Grades** (current and previous school year) – teacher's names, courses, grades, teacher comments, personal development scores, missing assignments, HS graduation date, HS endorsement track, credits attempted (HS only), credits earned (HS only), class rank (HS only) and cumulative GPA (HS only).
  - **Discipline** (for all the years enrolled in the school district) – dates, reasons, actions and incident location.
  - **Standardized Test Scores** – District, State and National standardized tests (For example – STAAR, American College Testing (ACT) etc.)
- The district and **Con Mi MADRE** will share information about your student's attendance in the program.

- I understand that the data access will be granted to the authorized Con Mi MADRE staff. Each authorized staff is responsible to maintain the confidentiality of his or her login and password and may not share access with any other individual.
- I understand that this data will be used to provide individualized services to my student. Data may also be used, as approved, for the purpose of service tracking, grant reporting and/or program evaluation. No identifying data about my student will be published or distributed to third parties. Any reporting will be done in aggregate.
- I understand my consent is optional and I may choose to withdraw permission at any time.
- I understand sharing my student's data with Con Mi MADRE is not a requirement to participate in Con Mi MADRE's programs.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Printed Name

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# SAFETY OF MINORS

All staff, volunteers, and interns associated with Con Mi MADRE are required by state law to report any abuse towards a minor. If your daughter discloses information that indicates that she has been, or is currently being, abused as defined by state law, a report will be made to the proper authorities including the Department of Family and Protective Services (formerly CPS) or the local Police Department. If your daughter discloses that she is in danger of harming herself or others, Con Mi MADRE will take the necessary steps to ensure her safety, which may include contacting parents or community resources.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## NON-FEE/PHOTO RELEASE

I, \_\_\_\_\_ grant Con Mi MADRE permission to reprint my photograph and my  
(Parent (s) or Guardian's Name)  
daughter's photograph to be used for Con Mi MADRE publications, websites, electronic and digital media, educational projects or purposes, publicity or advertising. I understand that names may be used for picture captioning purposes when necessary. All photographs will remain the property of Con Mi MADRE.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please check if you do **not** give permission.

### Office Use ONLY:

Approved  Unable to Approve due to not attending a targeted school

Application Reviewed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Parental Consent for Participation in Research Con Mi MADRE Program Evaluation

### Introduction

The purpose of this form is to provide you with information that may affect your decision as to whether you want your daughter to participate in this research study. Con Mi MADRE staff or the research team will answer any of your questions. Read the information below and direct any questions you might have to Con Mi MADRE staff or the research team at [alicia@conmimadre.org](mailto:alicia@conmimadre.org) before deciding whether or not you want your daughter to take part in the study. If you decide to allow your daughter to be involved in this study, this form will be used to record your consent.

### Purpose of the Study

The study that your daughter is being asked to participate in was designed to evaluate the changes that your daughter might experience in school, in relationships, and within herself as a result of participating in the Con Mi MADRE program. The purpose of the study is to gain a better understanding of the effects of the program so that we know what is working and what is not. This will help the program become even more effective at providing girls like your daughter with the necessary support and skills they need to succeed in education and life.

### What will you to be asked to do?

If you agree to all your daughter to participate in this study, she will be asked to do the following:

- Provide ascent to participate before beginning the online survey
- Complete a 20 minute online survey twice a year for the duration of her time in the program. The survey will ask her questions about her well-being, her relationships, and academic-related topics.

### What are the risks involved in this study?

There are no foreseeable risks to participating in this study.

### What are the possible benefits of this study?

There are no direct benefits to participating in this study. However, research has shown that when individuals participate in research, many experience psychological benefits such as enhanced self-esteem and a greater sense of purpose. These benefits are typically the result of feeling good about contributing to a knowledge base that will help advance the well-being of a group of people.

### Does she have to participate?

No, your daughter's participation is voluntary. You may decide to allow your daughter to participate, but if she decides, at any time, that she does not want to participate she can withdraw from the study. Withdrawal or refusing to participate will not affect her enrollment in Con Mi MADRE or her relationship with the staff any way.

If you would like her to participate, please sign this form and your daughter will bring it back to her group leader.

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**Will there be any compensation?**

No. There will be no compensation for participation in this study. However, after she completes each survey she will be enrolled in a drawing for a gift card.

**What are the confidentiality or privacy protections for my daughter when participating in this research study?**

The web-based survey software (Qualtrics) that will be used in this study meets all HIPAA privacy standards and will provide advanced security and confidentiality of research data, including firewall and password protection for all accounts. Your daughter's name will never be associated with any information about her, and all personal identifying information will be kept separate from the information she shares when completing the web-based surveys. Only approved research personnel will have access to her information. The data resulting from her participation may be used for future research or be made available to other researchers for research purposes not detailed within this consent form. However, your daughter's personal information will never be shared.

**Whom to contact with questions about the study?**

Prior, during or after participation, you or your daughter can contact our office and speak to our Data Manager at (512) 467-4483 or send an email to [alicia@conmimadre.org](mailto:alicia@conmimadre.org).

**Participation**

If you agree to allow your daughter to participate, please sign this form and have your daughter return it to her group leader.

**Signature**

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to allow your daughter to participate in this study. By signing this form, you are not waiving any of your legal rights.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daughter's Name

\_\_\_\_\_  
School Attending & Grade

***\*\*\* An Incomplete Application or Participation Agreement Will Not Be Processed \*\*\****