

## Student Application

**Application Deadline: March 1, 2019**

Thank you for your interest in Breakthrough! Students and parents should carefully read all of the information below. Please [click here](#) to download and print a copy of this application for future reference.

Prospective families are asked to complete the following to be considered for Breakthrough:

### 1) Online application

- Student Section (to be completed by the student)
- Family Section (to be completed by the parent/guardian)
- Teacher recommendations (2) (you will provide their email addresses and we will contact them directly)

AND

### 2) Supplemental Documents (can be uploaded to the online application or submitted directly to the site which you are applying)

- Photograph of the Student
- Most Recent FSA / Standardized Test Scores
- Student Transcripts for Current & Previous Year
- [Mutual Exchange of Information Form](#)

Supplemental Documents should be uploaded to the online application or submitted to the designated Breakthrough Miami site to which you are applying to. Site assignments are determined by a student's zip code. Office locations are listed below as well as on the Breakthrough Miami website.

Once all application materials are received, our team will review all information carefully, confidentially, and holistically.

Breakthrough Miami is committed to selecting a class of students who approximate the ethnic, racial, religious and cultural diversity of Miami. Breakthrough Miami accepts students regardless of race, creed or color; we are committed to selecting a diverse group of students who benefit from the program.

### Selection Timeline for Summer 2019:

Online Application and Parent / Guardian Packet Due Date: **March 1st, 2019**

Applications Reviewed by Breakthrough Miami Staff: **March 1st - March 15th, 2019**

Interviews: **March 15th - April 1st, 2019**

Decision Letters Mailed: **April 1st - April 12th, 2019**

### Breakthrough Site Information:

#### Carrollton School of the Sacred Heart and Ransom Everglades:

3747 Main Highway Miami, FL 33133 - shakeh@breakthroughmiami.org and webber@breakthroughmiami.org

#### Gulliver Schools:

6575 North Kendall Drive Pinecrest, FL 33156 - dalia@breakthroughmiami.org

#### Miami Country Day School:

601 NE 107th Street Miami, FL 33161 - kierra@breakthroughmiami.org

#### Palmer Trinity School:

7900 SW 176th Street Palmetto Bay, FL 33157 - jonah@breakthroughmiami.org



**Student Section:** We are interested in getting to know each student who applies to Breakthrough so this section should **ONLY BE COMPLETED BY THE STUDENT**. If you have any questions as you complete this portion of the application, please reach out to an adult.

## Student Contact Information

First Name: *	<input type="text"/>	Middle Name:	<input type="text"/>		
Last Name: *	<input type="text"/>	Preferred Name/ Nickname:	<input type="text"/>		
Email Address:	<input type="text"/>				
Home Phone: *	<input type="text"/>	Cell Phone:	<input type="text"/>		
Gender: *	<input type="radio"/> Female	<input type="radio"/> Male	<input type="radio"/> Non-binary/ third gender	<input type="radio"/> Prefer to self-describe	<input type="radio"/> Decline to State
Self-Describe Gender:	<input type="text"/>				
Birth Date: *	<input type="text"/>				
Home Address Street: *	<input type="text"/>				
Home Address City: *	<input type="text"/>	Home Address State: *	<input type="text"/>		
Home Address Zip Code:	<input type="text"/>				

## Which Breakthrough Miami site would you like to apply to?

- Carrollton School of the Sacred Heart School or Ransom Everglades School Site Assignment
- Gulliver Prep Site Assignment
- Miami Country Day School Site Assignment
- Palmer Trinity School Site Assignment

**Student Section:** We are interested in getting to know each student who applies to Breakthrough so this section should **ONLY BE COMPLETED BY THE STUDENT**. If you have any questions as you complete this portion of the application, please reach out to an adult.

### Teacher Recommenders

Breakthrough Miami requires 2 Teacher Recommendations as part of the application process. One recommendation from your Math Teacher and one from your Reading/Language Arts Teacher. Please list the teachers who will provide your recommendations. **Your parent / guardian will be asked to provide the teacher email addresses in the Family Section of the application.**

Math Teacher:

Please provide the teacher's full name.

Reading/Language Arts Teacher:

Please provide the teacher's full name.

### Breakthrough History

1. How did you hear about Breakthrough?

- Breakthrough presentation
- Breakthrough staff member
- Family connection
- Teacher
- Breakthrough student
- Other

1a. Other - please explain:

1b. Please provide details on how you heard about Breakthrough:

Names of family members, teachers, etc.

1c. What Breakthrough site do/did they participate in?

2. Are you the sibling of or related to a Breakthrough student?

- Yes
- No

2a. What is their full name?

2b. What's your relationship (e.g. brother, sister, cousin)?

### School Information

1. Current Grade: \*  4th Grade  5th Grade  6th Grade  7th Grade

2. Current School: \*

3. How difficult is your current school work?  Too Easy  Too Hard  About Right

3. Your student School ID number:

ID number issued to you by the school or district.

**Student Section:** We are interested in getting to know each student who applies to Breakthrough so this section should **ONLY BE COMPLETED BY THE STUDENT**. If you have any questions as you complete this portion of the application, please reach out to an adult.

**Short Answer Questions:** Please answer all of the questions below using at least 2 sentences. We want to see your best work! You may copy/paste from a word document if you like.

1. Breakthrough is a long-term commitment. See program description for a full explanation of the commitment. Why do you want to be a part of Breakthrough, and why do you feel ready for this commitment? What do you hope to gain?

Your answer is required in order to submit.

2. What are your favorite things to do outside of school (hobbies, special interests, etc.)? Why do you enjoy them?

Your answer is required in order to submit.

3. What does a typical Saturday look like for you?

Your answer is required in order to submit.

4. What subject(s) are you best at in school? Is this also your favorite subject? Why or why not.

Your answer is required in order to submit.

5. What subject is the most challenging for you and why?

Your answer is required in order to submit.

**6.** How much time do you spend on your homework on a typical school night?

Your answer is required in order to submit.

**7.** What is your favorite book? Why do you like it?

Your answer is required in order to submit.

**8.** Tell us about the most interesting thing you have learned and why?

Your answer is required in order to submit.

**9.** What three attributes or characteristics will you bring to Breakthrough? How will you demonstrate these qualities in the Breakthrough community?

Your answer is required in order to submit.

**10.** Name someone you especially admire and explain why.

Your answer is required in order to submit.

**11.** What are your future goals? How is attending college going to help you reach these goals?

Your answer is required in order to submit.

**Family Section:** This section of the application should **ONLY BE COMPLETED BY A PARENT / GUARDIAN.**

In addition to the online application, you must also submit Supplemental Documents (see page 1 for complete details). These documents can be uploaded to this online application or delivered to the Breakthrough Miami site you are applying to. It is suggested you gather these documents prior to application submission so they are ready to be included. This application can be saved and resumed at a later time if need be.

The Supplemental Documents include: 1) Photograph of the Applicant 2) Most Recent FSA/Standardized Test Scores 3) Student Transcripts for Current & Previous School Years 4) [Signed Mutual Exchange of Information Form](#).

Once all the application materials are received, our team will review all information carefully, confidentially, and holistically.

**Breakthrough Miami** is committed to selecting a class of students who approximate the ethnic, racial, religious and cultural diversity of Miami. **Breakthrough Miami** accepts students regardless of race, creed, or color; we are committed to selecting a diverse group of students who benefit from the program.

### Parent / Guardian Contact Information

First Name: \*  Last Name: \*

Gender:  Female  Male  Non-binary/ third gender  Prefer to self-describe  Decline to State

Self-Describe Gender:

My address is the same as the student's

Home Address Street: \*

Home Address City: \*

Home Address State: \*

Home Address Zip Code: \*

Home Phone: \*  Cell Phone:

Work Phone:

Email Address:

Preferred means of contact:  Cell phone  Work phone  Home phone  Email

Please select which days and times are best for contacting you (Check all that apply):

	Morning	Daytime	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Employment History

Employment status:

- Currently employed  Not currently employed, seeking employment  
 Not currently employed, not seeking employment  Prefer not to answer

## Education History

- Highest level of education completed: \*  Grade School  
 Some High School  
 High School or GED  
 Some College (currently enrolled)  
 Some College (not currently enrolled)  
 Associate's Degree or Vocational/ Trade School Certificate  
 Bachelor's Degree  
 Master's Degree  
 Professional Degree (i.e., J.D., M.D.)  
 Doctoral Degree  
 No Formal Education  
 Decline to Answer

What year were you last enrolled in college? Leave blank if not applicable.

Country of Bachelor's degree: \*  United States  Another Country  N/A

Country of Master's/Professional/Doctoral degree:  United States  Another Country  N/A

Country of highest level of education:  United States  Another Country  N/A

Please specify country of education. Leave blank if not applicable.

## Home Language

What languages are regularly spoken in your home? \*

- English  
 Spanish  
 An African language (Example: Amharic, Swahili, Yoruba)  
 A Southeast Asian language (Example: Cambodian, Hmong, Karen, Vietnamese)  
 A South Asian language (Example: Hindi, Pashto, Tamil, Urdu)  
 Another Asian language (Example: Japanese, Korean)  
 A Middle Eastern language (Example: Arabic, Farsi)  
 A Filipino language  
 A European language other than Spanish (Example: French, German, Russian)  
 A Chinese language  
 A Caribbean language (Example: Haitian Creole, Papiamentu)  
 Another language  
 Decline to Answer

Please select all that apply.

Specify home language(s):

How often do you speak English with your child at home? \*

- Always  About half the time  Most of the time  Sometimes  Never  Decline to Answer

What was the first language your child learned to speak?

How comfortable are you with English?

- Very comfortable  Somewhat comfortable  Not comfortable

## Relationship Details

What is your relationship to the student? \*

- Biological parent  Adoptive parent  Stepparent  Foster parent  
 Partner of student's parent or guardian  Grandparent  Other relative  Other guardian

Do you have a spouse or partner who lives in the same household as you and your student? \*

- Yes, a spouse  Yes, a partner  No  Decline to Answer

What is your spouse/partner's relationship to the student? \*

- Biological parent  Adoptive parent  Stepparent  Foster parent  
 Partner of student's parent or guardian  Grandparent  Other relative  Other guardian  
 Decline to Answer

Is your spouse or partner a legal guardian of the student?  Yes  No

Is there any other adult(s) involved in the student's upbringing or living in your home that we should be in contact with?  Yes  No  
i.e. grandmother, child care provider, step-parent, etc.

Please provide details:

How much of the time does your student live with you? \*

- All of the time  More than half of the time  Half of the time  Less than half of the time  
 None of the time

Does student receive additional financial support from another parent or guardian? \*

- Yes  No  Decline to Answer

Where does the student live when not living with you? \*

- With another parent  With another adult relative  With a friend  With a non-related adult guardian(s)  
 Other

Please explain any additional things to know about the student's family or family structure below:



### Other Parent / Guardian Contact Information

I am only comfortable providing **basic contact information** on behalf of the 'Other Parent / Guardian'.

First Name: \*

Last Name: \*

Gender:  Female  Male  Non-binary/ third gender  Prefer to self-describe  Decline to State

Self-Describe Gender:

Home Address Street:

Home Address City:

Home Address State:

Home Address Zip Code:

Home Phone: \*

Cell Phone:

Work Phone:

Email Address:

Preferred means of contact:  Cell phone  Work phone  Home phone  Email

Please select which days and times are best for contacting you (Check all that apply):

	Morning	Daytime	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Relationship Details

What is their relationship to the student? \*

- Biological parent  Adoptive parent  Stepparent  Foster parent  
 Partner of student's parent or guardian  Grandparent  Other relative  Other guardian

## Employment History

Employment status:

- Currently employed  Not currently employed, seeking employment  
 Not currently employed, not seeking employment  Prefer not to answer

## Education History

- Their highest level of education completed: \*
- Grade School
  - Some High School
  - High School or GED
  - Some College (currently enrolled)
  - Some College (not currently enrolled)
  - Associate's Degree or Vocational/ Trade School Certificate
  - Bachelor's Degree
  - Master's Degree
  - Professional Degree (i.e., J.D., M.D.)
  - Doctoral Degree
  - No Formal Education
  - Decline to Answer

What year were they last enrolled in college? Leave blank if not applicable.

Country of Bachelor's degree: \*  United States  Another Country  N/A

Country of Master's/Professional/Doctoral degree:  United States  Another Country  N/A

Country of highest level of education:  United States  Another Country  N/A

Please specify country of education. Leave blank if not applicable.

**Family Section:** This section of the application should **ONLY BE COMPLETED BY A PARENT / GUARDIAN**. Breakthrough Miami will review all information carefully, confidentially, and holistically.

## Breakthrough History

1. How did you hear about Breakthrough?

- From my Child
- Breakthrough presentation
- Breakthrough staff member
- Family connection
- Teacher
- Breakthrough student
- Other

1b. Other - please explain:

1b. Please provide details on how you heard about Breakthrough:

Names of family members, teachers, etc.

2. Do you have any other children in the program or who has/have completed the program?  Yes  No

Other Student Name

Other Student Birthdate

Other Student Grade  5th-12th  Graduated high school  Other

Other Student Breakthrough Site

## Family Background

1. Is your monthly income fixed or flexible?

- Fixed (the same amount each month)
- Flexible (monthly income varies)

2. What is your 2018 **ANNUAL** pre-tax household income:

3. How many people living in your household are under the age of 18?

4. How many people in your household are 18 years of age or older?

5. Has anything happened in the last year that has impacted the accuracy of the information provided on your current financial situation?

**Family Section:** This section of the application should **ONLY BE COMPLETED BY A PARENT / GUARDIAN**. Breakthrough Miami will review all information carefully, confidentially, and holistically.

## Student Background

1. Does your student qualify for Free and Reduced Price Lunch? \*

Free  Reduced Price  Does not Qualify  Decline to Answer

2. Is your student Hispanic or Latino/a? \*  No  Yes  Decline to Answer

3. Which of the following choices describe your student's race? \*

- Alaska Native  
 American Indian  
 Asian or Asian American  
 Black or African American  
 Middle Eastern  
 Multiracial  
 Native Hawaiian  
 Pacific Islander  
 White or Caucasian  
 Other  
 Decline to Answer

You may choose more than one.

4. Please specify student's country/ies of origin:

5. Please list or describe any other communities your student identifies with:

Can be specific ethnicity (Haitian, Hmong, Chinese, Nigerian), religious affiliation (Muslim, Jewish, Jain), or any other community your student identifies with.

6. How will your student get to/from Breakthrough? Breakthrough Miami offers FREE transportation for it's Scholars.

Car  Carpool  Breakthrough-provided busing  Other

6a. Other transport:

7. Does your student currently participate in any other programs or activities?

Yes  No

Examples: Sports, Avid, Boys and Girls Club, Religious Activities, etc.

7a. Please describe your student's other commitment(s). How many hours per week does your student dedicate to each activity and how flexible are these commitments?

8. Do you foresee any conflicts with the dates of the program?  Yes  No

8a. Please explain conflicts/concerns:

9. To ensure that your child receives the consideration, support and encouragement they need while in Breakthrough, please share any educational support your student has or is currently receiving:

None  IEP  504  
 Accommodation plan  RSP  Other

If applicable (i.e. speech therapy, extra tutoring, medication, any accommodations, IEP, 504 Accommodation plans, RSP, etc.)

9a. Please describe educational support:

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**Short Answer Questions:** Help us get to know your student by responding to the questions below. You may copy/paste from a word document if you like.

1. What goals do you have for your student? How do you see Breakthrough fitting into your student's future?

Your answer is required in order to submit.

2. What do you love about your student? What would you like us to know about them?

Your answer is required in order to submit.

3. Please describe your student's strengths, talents, and academic abilities.

Your answer is required in order to submit.

4. What are your student's interests and/or extracurricular commitments? Please list any special activities your student is involved in and identify the days and times the student attends. (Your answer will not determine admission. This is meant for us to understand your child better).

Your answer is required in order to submit.

5. Breakthrough is an 8-year academic enrichment program running for 6 weeks in the Summer (Monday through Friday) and 2 Saturdays a month during the School Year. How will you help your student fulfill this commitment? Please explain:

Your answer is required in order to submit.

### **Student School Information**

1. Name of student's current school:

2. Will the student be attending the same school next year?  Yes  No  Do not know

2a. Student's new school name:

**Recommendation Information:** Breakthrough Miami requires 2 Teacher Recommendations as part of the application process. One recommendation from the student's Math Teacher and one from their Reading/Language Arts Teacher. Please provide information for the two teachers who will be providing a recommendation for your student. We will contact these teachers directly via email.

#### **Math Teacher**

1. Recommender's Name:

1a. Recommender's Email:

#### **Reading/Language Arts Teacher**

2. Recommender's Name:

2a. Recommender's Email:

### **Breakthrough Expectations**

**Breakthrough Miami** is an academic-enrichment program that requires an eight-year commitment. We expect our students to participate fully in all summer and school year programs throughout their middle and high school years. Breakthrough Miami expects **100%** of its students to graduate from high school and enter college, university, or a post-secondary educational opportunity.

**By checking the box below**, you are acknowledging that you understand the expectations Breakthrough Miami has for its students and families accepted into its program and that you agree to submit all Supplemental Documents required.

**I understand the expectations of Breakthrough Miami.**