



# Success Academy Student Application

## STUDENT INFORMATION

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current High School: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_



**APPLICANT QUESTIONS (to be completed by student)**

Please check all that apply.

- I do not feel challenged in my current classes.
- I am very respectful.
- I struggle to understand the information in my current classes.
- I can do anything that I put my mind to in most situations.
- I have trouble concentrating.
- I am often angry.
- I use physical aggression when angry.
- I believe in myself.
- I feel frequently overwhelmed.
- I am a parent or expectant parent.
- I am a first generation college student.
- I am currently employed.

After graduation, I plan to attend:

- College/University
- Technical School
- Military
- Workforce



**Please answer the following questions using complete sentences. Feel free to use additional sheets if necessary.**

1. Do you feel that you are successful in your current learning environment? If not, what do you feel hinders your success?

2. What are your strengths?

3. What are your goals, dreams, and aspirations? How can The Success Academy help you to reach them?