



OFFICE USE ONLY

Diva Name: _____

Application Submitted _____



Beautiful And Dedicated Divas Application Packet

P.O. Box 10186

Midland, TX 79702

B.A.D.D. Staff:

Tiere' Strambler/Kimberley Strambler

432-218-8784

Email: info@beautifulanddedicateddivas.org



APPLICANT INFORMATION

Last Name: _____ Middle Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ School ID# _____

Social Security Number: _____ Name of High School: _____

Grade: _____ Age: _____ Date of Birth: _____

ETHNIC BACKGROUND

- Asian
- Black/African-American
- Hispanic/Latino/Mexican-American
- White/Caucasian
- Other _____

CITIZENSHIP STATUS

- US Citizen
- US Permanent Resident
- Permanent Resident Number:

- Other

HIGH SCHOOL COURSES

(Check all that apply)

- Regular
- Pre-AP/AP
- Gifted & Talented
- Dual Credit
- IB

SCHOOL ACTIVITIES

Organizations: _____

Sports: _____

Are you a participant in another program? _____

EMPLOYMENT

- Not employed
- Weekends Only
- Part-Time
- Full-Time
- Hours Per Week: _____

CAREER ASPIRATIONS: What career or type of job are you interested in? _____

ACADEMIC ASPIRATIONS: HIGH SCHOOL TECHNICAL SCHOOL MILITARY
 2 YEAR COLLEGE 4 YEAR COLLEGE GRADUATE SCHOOL



MOTHER OR FEMALE GUARDIAN

Relationship to applicant: _____ Highest grade completed: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Employer: _____

Occupation: _____

FATHER OR MALE GUARDIAN

Relationship to applicant: _____ Highest grade completed: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-Mail: _____

Employer: _____

Occupation: _____



Essay #1: Please write a brief description of yourself, your interests, and/or your values.

Essay #2: Please write a paragraph describing why you want to participate in the B.A.D.D. Program and what you hope to gain from the program.



BEAUTIFUL AND DEDICATED DIVAS FIELD TRIPS

Authorization for Student Participation

THIS FORM COVERS ALL FIELD TRIPS DURING 6-WEEK PROGRAM

****Parents, please complete all of the following information:****

Student's Name: _____

Name of Parent/Guardian: _____ **Phone Number:** _____

A. Parent/Guardian Permission

I give permission for participation in the activity. I agree to release Beautiful And Dedicated Divas and its officials, officers, and volunteers from liability for any and all claims of injury which might occur while my daughter is participating in this field trip activity.

B. Emergency Medical Authorization

Should a medical emergency arise while my daughter is participating in this activity, I will be notified at the above number in order to approve medical treatment. In the event that I or one of the emergency contacts listed below cannot be reached, I give permission for immediate treatment as required in the judgement of the attending physician. I understand and agree that I will be responsible for the cost of such treatment.

Emergency Contact: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Name of Insurance Company: _____

Group/Policy Number: _____

Allergies/Special Health Considerations: _____

Signature of Parent/Guardian _____ **Date Signed** _____



Student Name: _____

Student ID: _____

High School: _____

Consent for Release of Student Records

I authorize the staff of the Beautiful And Dedicated Divas Program to access academic and personal information in my/my student's legitimate educational interest. This information may include but is not limited to: standardized test scores (PSAT, STAAR, AP, SAT, ACT, TSI, GED); report cards; unofficial transcripts; attendance and disciplinary records; information about the status of post-secondary education admission/enrollment in accordance with The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99). I understand this information is essential in assisting me/my child in preparation for post-secondary education. *I further understand all information received is for Beautiful And Dedicated Divas use only and is held strictly confidential.*

I understand that these records may contain identifying data, grade reports, high school and future college transcripts, test scores, immunization records, and teacher evaluations. Parent or student may examine a copy upon request.

I understand that these records will only be used by the project on an individual basis. I also understand that compiled records on a group basis may include any and all of these records. Compiled information will be used to meet federal regulations of program evaluation.

Student Signature

Date

Parent Signature

Date

The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. §1232g, and the Texas Public Information Act, Texas Government Code §552.001 et seq., are respectively federal and state laws providing for the review and disclosure of student educational records. Beautiful And Dedicated Divas will not permit access to or the release of personally identifiable information contained in student educational records to any party without the written consent of the student and parent (if applicable), except as authorized by FERPA.



CONSENT TO PUBLICATION & PHOTO RELEASE FORM

for Beautiful And Dedicated Divas

I hereby give permission for my child, _____, to be videotaped and/or photographed during educational activities with the Beautiful And Dedicated Divas program for the duration of the student's participation in B.A.D.D.

I understand that my child will be identified by her first name only. The name of the class, school and city in which my child is located may be identified during the videotaping and/or photography or in any corresponding reproductions in publications and the Internet.

I further understand that these videotapes and/or photographs are property of the Beautiful And Dedicated Divas Program, 9900 Spectrum Drive, Austin, TX 78717. The videotapes and/or photographs will be used only to explain Beautiful And Dedicated Divas program and services, and/or to illustrate teacher instruction activities during professional development events. Publication purposes include permission and consent to reuse, disseminate, copyright, print, reproduce, publish and republish, for any commercial, advertising and public purposes.

I hereby release and discharge the Beautiful And Dedicated Divas staff from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including defamation, invasion of privacy or violation of any statutory right.

Signature of Parent or Guardian

Date

(Witness) B.A.D.D. Specialist



BEAUTIFUL AND DEDICATED DIVAS PARENT/STUDENT CONTRACT

Acceptance into the Beautiful And Dedicated Divas Program brings with it several responsibilities for **both students and parents.**

PLEASE REVIEW CAREFULLY THE BEAUTIFUL AND DEDICATED DIVAS HANDBOOK AND THE FOLLOWING CONDITIONS FOR PROGRAM PARTICIPATION:

The student pledges:

1. To participate in the academic program, attending on every Saturday during the 6-week period and completing all assignments.
2. To show continued individual effort in regard to attendance.
3. To participate in special activities, trips, meetings, and events sponsored by B.A.D.D. **Failure to do so will result in administrative action.**

Discipline:

In order to maintain a positive atmosphere whereby each student can achieve maximum academic and social development while enrolled in Beautiful And Dedicated Divas, all participants must conduct themselves in an orderly and respectful manner at all times. Therefore, they must pledge themselves to the following:

1. To respect all teachers and members of Beautiful And Dedicated Divas Staff. **(Failure to do so may result in immediate dismissal.)**
2. To follow all rules and regulations as outlined in the Beautiful And Dedicated Divas 6-week program.
3. To come to class prepared to engage in serious life skill courses.

Parent Responsibilities:

1. To attend scheduled parent meetings and student conferences as necessary.
2. To cooperate with the Beautiful And Dedicated Divas administration in resolving problems and conflicts regarding his/her child while in the program.
3. To provide transportation for your student as needed in support of your child's participation in the Beautiful And Dedicated Divas Program.

Probationary Period:

The probationary period for a Beautiful And Dedicated Diva is 14 days. During this period, if a diva fails to actively participate in every aspect of the program, she will be dropped from the program at the close of the probationary period.

The student and parent hereby acknowledge having read and comprehended the "Beautiful And Dedicated Divas Parent/Student Contract" and the "Beautiful And Dedicated Divas Handbook" and are in agreement with and pledge to abide by its provisions. A written copy is available through the website: beautifulanddedicateddivas.godaddysites.com

Signature of Student

Date

Signature of Parent

Date



Beautiful And Dedicated Divas Teacher/Counselor Recommendation Form

To be completed by School Counselor, Teacher, or Administrator

The following student has applied to participate in the Beautiful And Dedicated Divas Program, a life skills preparation program for teenage girls between the ages of 16 and 18 who are motivated and capable of completing the program and gaining the knowledge and skills to succeed in life after high school and earn a scholarship. Your assessment of this student's behavior, participation level, and academic performance would be greatly appreciated.

Student Name: _____ School: _____

Person Completing this Form:

Name: _____ Title: _____

How long have you known this student? _____

How well do you know this student?

Very well

Somewhat well

Not very well

1. **Based on your observations, please compare this student's performance and/or potential with other students of comparable age.**

| | Above Average | Average | Below Average | Unknown |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Overall academic performance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall academic potential | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Social Skills/Peer relations | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Demonstrated leadership skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| School or Class attendance | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Progress toward graduation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Determination/motivation for academic success | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Potential for success in B.A.D.D. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

1. **Other comments or information that will assist us in assessing the needs and potential of this student.**

Signature: _____ Date: _____

Send your information to:
 (432) 218-8784
 FAX: 49hd833mdf@hpeprint.com
 info@beautifulanddedicateddivas.org



Before returning this application form, please review the Applicant Checklist. All supplementary documents must be submitted to be considered for admission. Incomplete applications will not be evaluated

Completed Beautiful And Dedicated Divas Packet

___ Applicant Information

___ Consent for Release of Student Records

___ Beautiful And Dedicated Divas Field Trip/Medical Form

___ Beautiful And Dedicated Divas Parent/Student Contract

___ Beautiful And Dedicated Divas Teacher/Counselor Recommendation Form

___ Read and Review Student Handbook at the following link:
Beautifulanddedicateddivas.godaddysites.com

___ Current Report Card and Transcript

Completed application with all forms should be returned to Beautiful And Dedicated Divas Staff.

Beautiful And Dedicated Divas
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MIDLAND, TX 79702
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