



H.E.A.T. Saturday Program Application Packet

2020

ACTS Global, Inc.
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“Think Globally, Act Locally”

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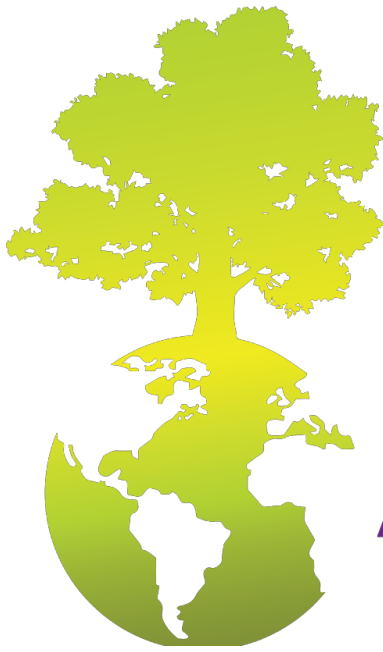
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ACTS

GLOBAL INC.

Mission:

Spark the interest of underserved youth to create generational wealth in a global society.

ACTS Global, Inc. will achieve this through exposure to H.E.A.T - Higher Education,
Economics, Agriculture, and Technology.

Vision:

Expose the youth to their like-minded peers around the world to foster a multicultural
appreciation while connecting ideas to solve problems we all face globally.

Justification on how the H.E.A.T initiative can help your child:

Our unique niche as a non-profit organization is to serve as a connecting piece that will expose our youth to the idea of creating generational wealth in their families and communities. We will help adolescents foster the ability to think globally, and ACT locally. In an article on raising a global child, it was professed that exposing an adolescent to global issues and ecosystems will help them to foster a “global mindset”. Having a global mindset and pairing it with ACTS Global, Inc. H.E.A.T initiative, will propel adolescents to expand their way of thinking, become culturally aware, develop global agricultural partnerships, and have confidence in partaking in economic risks. As a result, an adolescent in ACTS Global, Inc. program will be able to take their “global mindset” to solve local community issues successfully.

Goals:

- Expose the youth to enriching life experiences: globally and locally
- Provide youth a multi-cultural appreciation
- Prepare youth for career development
- Create a generational wealth mindset
- Expose students to various career paths
- Increase high school and college graduation rates for underserved populations
- Increase entrepreneurship among at-risk youth
- Provide agricultural resources and healthy lifestyle options within the areas in which our participants live

Programs & Activities

Feb. 22, 2020 –

Program: Exploring Credit/Paying for College

ACTS Pillar: Economics

March 14, 2020 –

Program: Insurance/Taxes/Social Security Lessons 101

ACTS Pillar - Economics

April 25, 2020 –

Program: Seed Germination

ACTS Pillar: Agriculture

May 2, 2020 –

Program: Mother's Day Brunch

ACTS Pillar: Higher Education

June 13, 2020 –

Program: Goal Setting

ACTS Pillar: Higher Education

July 2020 – NO CLASS

Aug. 1, 2020 –

Program: Investing/Behavioral Finance

ACTS Pillar: Economics

Sept. 12, 2020 –

Program: Sink or Float

ACTS Pillar: Agriculture

Oct. 17, 2019 –

Program: Bully Campaign

ACTS Pillar: Higher Education

Nov. 7, 2020 –

Program: Stem Project: How to Create Circuits

ACTS Pillar: Technology

Dec. 5, 2020 –

Program: Holiday Celebration

ACTS Pillar: Higher Education

Location Drop-off and Contact Information

East Atlanta Branch Library

Address: 400 Flat Shoals Ave SE, Atlanta, GA 30316

Class Time: 10 am – 3 pm

ACTS Global, Inc. Contact Information

Erika Hill, CEO

Jaleesa Smith, CFO

Website: www.actsglobalinc.com

Phone: 678-971-9241

Email: info@actsglobalinc.com

ACTS Global, Inc.
Membership Application

Membership fee is \$125.00 per semester

1st semester is February 2020-June 2020 (Payment Due by Feb. 20th)
2nd semester is August 2020- December 2020 (Payment Due by July 27th)

*****Please email application, publicity waiver, and payment form to
info@actsglobalinc.com*****

Applicant Information (student)		
Name:		
Date of birth:	School:	
Current address:		
City:	State:	ZIP Code:
Email:	Grade:	Current and Overall GPA:
How many days was your child absent from school in 2018:	Does your child have learning accommodations (i.e.- 504, IEP, ESOL):	Does your child have any allergies or medical history that ACTS Global, Inc. should be aware of?
Parental Information		
Parents name:		
Employer name and address:		Transportation:
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Emergency Contact		
Name of a relative not residing with you:		
Address:		Phone:

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City:	State:	ZIP Code:
Relationship:		
Sibling Information if joint membership		
Name:		
Date of birth:	Phone:	
Signatures		
I authorize the verification of the information provided on this form as honest as possible. I am acknowledging the payment information on this form will be used for membership billing services. I have also received a copy of this application.		
Signature of applicant:		Date:
Signature of parent(s):		Date:

PUBLICITY RELEASE

In return for being allowed to participate in ACTS Global, Inc. H.E.A.T Saturday Program and all related activities, including any activities incidental to such participation, the undersigned Parent/Legal Guardian of applicant (hereafter referred to using “I”, “me”, or “my”) hereby grants to the Foundation, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities’ officers, directors, agents, employees, respective successors and assigns (collectively, “Authorized Parties”), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of the applicant’s name, address, voice, photograph and/or like-ness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the activities in any manner, in any media what so-ever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

(Signature of Parent/Legal Guardian) Date

I am the parent or legal guardian of _____. I am of legal age and am freely signing this agreement. I have read this form and understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the H.E.A.T Saturday Program take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

*****Please email application, publicity waiver, and payment form to
info@actsglobalinc.com*****

Credit Authorization Form

Card Holder Name: _____

Card Holder Address:

Amount to be charged: \$ _____

Type of Credit Card: VS MC DS AMEX DC

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card CVC Number: _____

Card Holder Signature: _____

Please complete and email to: info@actsglobalinc.com

You may also pay by cash, credit card or CashApp: \$ACTSGlobalInc.

Thank you for completing the H.E.A.T Saturday Program Application packet. Please email completed application, publicity waiver, and payment form to info@actsglobalinc.com.