



ACADEMIC ACHIEVEMENT PROGRAM

SCHOLARSHIP FOR SUMMER BRIDGE HOUSING APPLICATION

(For those interested in living on campus during the Summer Bridge program)

The AAP is a Student Support Services program targeted to serve and assist; low-income, first-generation college students, and students with disabilities.

Applications due June 30, 2012

Student's Legal Name, Maiden Name, Student ID#, SSN#, DOB, Legal Gender, Current Mailing Address, Telephone # (Home), (Cell), CUH student email, Personal email address

- 1. Year graduated H.S./Received GED?
2. Did you enter Chaminade as a: Freshman, Transfer, Exchange Student
3. What is your major (write "undecided" if appropriate)?
4. Has your father/legal guardian completed his Bachelor's Degree?
5. Has your mother/legal guardian completed her Bachelor's Degree?
6. Are you receiving a Federal Pell Grant?
7. Do you have a documented disability?

- 8. What is your country of citizenship?
9. Is English your first language?
10. Ethnicity (please check all that apply): Asian, Black or African American, Native Hawaiian or other Pacific Islander, Hispanic or Latino, American Indian or Alaskan Native, White, Other (please specify):
11. What is your marital Status? Single, Married

I understand that the Academic Achievement Program is funded by the U.S. Department and needs to verify my eligibility with the above information. I also understand that the AAP is not responsible for any grades I receive. The Program is only responsible for clarification of subject matter and for suggestions on how to improve my chances for success.

Signature

Date

Office Use Only:

- Eligibility Categories (check all that apply): 1st Generation, Low-Income, Disabled
Program Entry Date: / / AAP Eligible? (circle one): Yes No Pending

Chaminade University's Counseling Center
3140 Waiialae Avenue, Henry Annex
Honolulu, HI 96816
(808) 735-4845

Authorization to Release Confidential Information

Student's Name: _____ Birth Date: _____

Student I.D. Number: _____

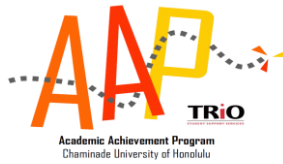
By signing this document, I hereby authorize Chaminade University's Counseling Center to disclose information to Chaminade University's Academic Achievement Program verifying that I have provided the proper documentation for my disability. I understand that this form authorizes the Counseling Center to only verify that I have a disability without providing the specific nature of my disability. I also have the option of signing a consent, "Authorized Release Form", from the Counseling Center to share the nature of my disability and the accommodations for which I am eligible only on a need to know basis if it will assist the Academic Achievement Program in providing accommodations for me.

In addition, I understand that my information may/will be shared with the federal Department of Education and/or auditors that may review the departments and programs at Chaminade University. Only verification of my disability will be shared, not information regarding the specific nature of my disability.

This authorization shall remain valid as long as I am a student of Chaminade University. I understand that I have a right to receive a copy of this authorization. I also understand that I may cancel or modify this agreement at any time but it must be done in writing.

Student Signature: _____ Date: _____

AAP Staff Signature: _____ Date: _____



Income Verification Letter

As we are funded through a grant from the U.S. Department of Education, we are required to ask for specific information regarding your taxable income to determine your eligibility for our program. Please take a moment to read and complete the information below and return it to the Academic Achievement Program Office with your completed Intake Form. We assure you that this information will be kept confidential and will only be reviewed by the AAP Staff.

Please choose **ONE** of the following options (check one):

- Make a copy of your most recent tax return (***Dependent students will need to submit his or her parent/guardian's tax return**)

OR

Provide the AAP Staff with a copy of your Student Aid Report (SAR) which can be found on the FAFSA website (<http://www.fafsa.ed.gov>).

*Dependent students are students who are still being claimed on his or her parent/legal guardian's taxes.

I affirm that the financial documentation that I am voluntarily submitting to the Academic Achievement Program is true to the best of my knowledge. I understand that the AAP is not responsible for any grades I receive. The Program is only responsible for clarification of subject matter and for suggestions on how to improve my chances for success.

Name (Print): _____

Signature: _____ Date ____/____/____



Please read and sign the following. This contract must be read and signed before being allowed to register for tutoring.

I (print name) _____ agree to the following:

1. To be personally responsible for the scheduling of appointments online, once granted access by an AAP Staff member
2. To schedule all tutoring appointments by 5:00 pm the day prior to the tutoring session
3. To be on time for all scheduled tutorial appointments
4. To cancel all appointments online through Appointment-Plus at least 24 hours in advance, if necessary
5. To call the AAP and speak with/leave a message for an AAP Staff member (AAP Contact Numbers: 735-4770 or 739-8305) if making a late cancellation (canceling within 24-hours of session start time) **OR** if running late to a scheduled appointment.
6. To be prepared for each tutoring session. This means:
 - a. Bring necessary materials (textbooks, notes, review sheets, assignments, syllabus, printed rough drafts, etc.)
 - b. Attempt to complete required readings/assignments prior to scheduled appointment
7. To be productive during the tutoring session (no excessive socializing, including **NO texting or other cell phone use**)
8. To notify the AAP immediately if I decide to drop my tutoring session(s) or the course(s) I am receiving tutoring in
9. To complete appropriate paperwork (initials, journals, evaluations, report cards, etc.) at the end of each session
10. I acknowledge that undergraduate students may receive **a maximum of 10 tutorial sessions per week (5 for grad students)**
11. I acknowledge that all tutorial sessions are 60-minutes in length and that I may only receive **ONE tutoring session per subject, per tutor per day (any sessions scheduled that violate this rule may be canceled without notice)**
12. I acknowledge that tutoring sessions are offered based on subject availability and that graduate students may only receive tutoring in Math and English (including editing papers, checking MLA/APA style, and test preparation)
13. I understand that I will receive a “No Show” offense for each of the following:
 - a. Missing a scheduled tutorial (without canceling via Appointment-Plus at least 24-hours in advance)
 - b. Canceling a scheduled tutorial within 24-hours of its scheduled start time
 - c. Arriving more than 15-minutes late to a scheduled tutorial session
14. I acknowledge that the following protocol will take place for “No Show” offenses:

Protocol for “No-Show” offenses:

- 1st offense** The student will be made aware of their missed appointment via Appointment-Plus and a printed “No Show” Offense will be placed in the student’s permanent file.
- 2nd offense** All of the above, in addition, the student must meet with an AAP staff member to review this TUTEE contract before scheduling or attending any future tutorial sessions (student’s access to online scheduling will be blocked and future appointments will be canceled until this is completed).*
- 3rd offense** All of the above, in addition, **\$9.00 will be charged to the student** (to cover the cost of the missed tutorial). **An additional charge of \$9.00 will be charged for each “No Show” thereafter.****

If a student’s online scheduling access is blocked due to an unpaid fee or staff visit, all future appointments will be canceled. The student will be able to schedule new appointments once the payment/meeting requirements are met and online scheduling access is granted. As tutorial sessions are first-come, first-served, the AAP cannot guarantee that the same appointment slot will be available after access is granted. **Once an AAP student has obtained 3 offenses, he/she may no longer make standing-appointments. *Offenses are recorded per semester. At the beginning of each semester, each student begins with zero offenses.*

I have read the above information and agree to my responsibilities. I agree that a violation of any part of this contract may result in the termination of tutorial sessions. I also realize that the falsifying of hours between the Tutor and the Tutee will result in immediate dismissal from the tutoring program.

Signature

_____/_____/_____
Date