



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

FAME ACADEMY
APPLICATION
2019

“In all human affairs there are efforts, and there are results, and the strength of the effort is the measure of the result.”

- James Allen

APPLICATION
IS
DUE
APRIL 3, 2019



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Overview

FAME ACADEMY is a rigorous enrichment program aimed at strengthening the academic foundation of middle school students. This program supports FAME's mission to provide greater access to independent school education by preparing students for successful college preparatory high-school experiences. The FAME Academy offers challenging instruction, engaging learning activities during three 6-week summer sessions (including an annual one-week boarding component) and weekly classes held Saturday mornings throughout participants' 7th and 8th grade school years.

APPLYING TO THE ACADEMY - FAME provides families with financial constraints free support to provide intellectually curious and motivated African American students with expanded learning opportunities. 6th grade students from the greater Pittsburgh area may apply between September and April to enter the FAME Academy summer session before their 7th grade year. Applicants are considered based upon several criteria including school records, references, an interview, and performance on entrance exams.

APPLICATION PROCESS - Families are encouraged to complete and submit their application ASAP, but no later than April 3rd, 2019. This permits our staff to adequately schedule entrance testing and personal interviews. Enrollment is selectively determined upon evaluation of:

Application & Essays

1. **Application Data:** Families are asked to answer all questions fully.
2. **Proof of Income:** Forms of proof include the most recent W2 Form and the most recent Income Tax Return.
3. **Short Answers & Essay:** The student is required to complete a short answer section and submit an essay describing their interest in the FAME Academy.
4. **References:** Reference letters from two (2) teachers and one (1) community member submitted in a sealed envelope with recommenders' signatures across the seal.

Completion of www.SSSbyNAIS.org Parent Financial Statement. SSS by NAIS is a division of the National Association of Independent Schools and used by the FAME Partner Schools to help determine a family's ability to pay school costs. The service and process helps ensure that all schools use the same methods and objective procedures to evaluate your financial aid application. **Completion is mandatory, and part of the student application process. Failure to complete will result in applicant disqualification.**

School Records - A school issued copy of student transcripts (*for 4th, 5th, and 6th grades*), and standardized test scores (*also for 4th, 5th, and 6th grades*) are required for acceptance into the program.

Entrance Exams - Qualified applicants will be invited to take the Independent School Entrance Exam (ISEE). FAME will administer the ISEE on a limited number of dates between December and March. More information about the exam can be found online: <http://erblearn.org/parents/admission/isee>.

Interview – **Selected** candidates will be asked for a personal interview prior to final decisions.

EXPECTED 2019 FAME ACADEMY ENROLLMENT

FAME anticipates admitting only 25 to 30 students for the 2019 FAME Academy Class.



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Applicant Information, Pg. 1

Applicant Name: _____ Nickname: _____

Gender: Male Female U.S. Citizen: Yes No Date of Birth (mm/dd/year): ____ / ____ / ____

Student Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Neighborhood (if applicable): _____ Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Applicant's School Information

Present School: _____ Current Grade Level: _____

Entry Date: _____ Current GPA: _____

Principal's Name: _____ School Phone: _____

School Address: _____ School Fax: _____

Previous School(s): _____ Grade: _____ Years: _____

_____ Grade: _____ Years: _____

Applicant's Family Information

With whom does the student permanently reside? Mother Father Both Mother & Father Grandparent(s) Other: _____

Number of people in household: _____

Applicant's Sibling(s) Name: _____ Date of Birth: _____ School & Grade _____

Name: _____ Date of Birth: _____ School & Grade _____

Name: _____ Date of Birth: _____ School & Grade _____

Parent/Guardian 1

Full Name: _____

Gender: Male Female

Relationship to student: _____

Home Address: _____

(if different from applicant)

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation / Title: _____

Name of Employer / Business: _____

Full Time Part Time

Annual Salary / Total Income (All Sources): _____

Parent/Guardian 2

Full Name: _____

Gender: Male Female

Relationship to student: _____

Home Address: _____

(if different from applicant)

Home Phone: _____

Cell Phone: _____

Email Address: _____

Occupation / Title: _____

Name of Employer / Business: _____

Full Time Part Time

Annual Salary / Total Income (All Sources): _____



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Applicant Information, Pg. 2

Briefly describe

Please indicate special interests, extracurricular activities or abilities the applicant has (e.g. art, athletics, community service, dance, music).

Please indicate notable honors and awards.

Parent/Guardian Questionnaire

Your comments about your child are important to us. Please complete the following questionnaire, which will be regarded as confidential information.

What words or phrases come to mind when describing your child?

Please comment on what you consider to be your child's greatest strengths.

What do you hope your child will gain by participating in an academic enrichment program?

Please share any conditions or circumstances which may impact the applicant's full participation in academic enrichment programming.

Student Questionnaire, Pg. 1



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

To be completed by the student applicant. Please answer all questions in your own handwriting.

What does it mean to be a leader?

What does the philosophy “To whom much is given, much is required” mean?

Describe one of the biggest problems the world faces today and how it could be resolved.

Describe an accomplishment of which you are particularly proud.



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Student Questionnaire, Pg. 2

Describe the qualities of the best teacher you have ever had.

What is your most outstanding personal quality?

When I have free time, I like to:

Student Essay

This essay, to be completed by the student applicant, should be approximately one typed page in length (a neatly handwritten essay will also be accepted).

Describe your educational experience and goals. Please describe in your essay:

- Which classes you like best and which classes are challenging for you
- Your proudest accomplishments to date and what you hope to accomplish in the future
- How the FAME Academy and potential attendance at an independent high school will help you to achieve your goals



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Recommendation Forms (Attached)

- Please have your **English** and **Math** teachers complete the attached recommendation forms to be submitted with the application in a sealed envelope with the recommender's signature across the seal. One recommendation **MUST** come from a **Math teacher** from last year & one from your **English teacher** from last year.
- Also have one recommendation form completed by someone from your community other than a teacher, such as a coach, pastor, after-school program director, or neighbor.

Requirements with Application

When you submit your application, please include:

- School issued copies of the student's transcripts for the past three years; 4th, 5th, and 6th grades.
- School issued copies of the student's standardized test scores for the past three years; 4th, 5th, and 6th grades.
- **Proof of Income which includes your 2018 W2 Form and your 2018 Income Tax Return, once filed, REQUIRED!!!**

Applicant Agreement

If admitted to the FAME Academy, I understand that membership involves a commitment on my part to attend all classes and activities. Furthermore, I understand that acceptance and subsequent excellent performance in these programs does not guarantee that I will be accepted to a FAME partner school if I choose to apply.

Student Signature: _____ Date: ____/____/____

Parental Approval

I hereby grant permission for my student to attend, if selected, FAME Academy. I understand that this is a three-year commitment that requires my student to abide by the regulations of the program and the consequences of failure to comply. I understand that membership involves a commitment to attend all classes and activities. Furthermore, I understand that acceptance and subsequent performance in this program does not guarantee that my student will be accepted to a FAME partner school.

Signature: _____ Date: ____/____/____
Parent/Guardian 1

Signature: _____ Date: ____/____/____
Parent/Guardian 2

Certifying Signatures

I certify that all information submitted in this application is true and honestly presented. I understand that my application may be dismissed should the information be false.

Signature: _____ Date: ____/____/____
Student

Signature: _____ Date: ____/____/____
Parent/Guardian 1

Signature: _____ Date: ____/____/____
Parent/Guardian 2



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

This Page is
Intentionally Left Blank.

Thank You.



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

English Teacher Recommendation Form, Pg. 1 (Due before April 3rd, 2019)

The student applicant is asked to sign the student waiver below and request recommendation forms be submitted with the application in a sealed envelope with the recommender's signature across the seal. Two (2) recommendations must come from a Math and English teacher, and one (1) recommendation from a community member other than a teacher, such as a coach, pastor, after-school program director, or neighbor.

Student Waiver

I, _____, waive the right to see this completed form.

Name of Student (Print)

Student Signature: _____ Date: ____/____/____

Student Email Address: _____ Application Status: In progress Submitted

Home Phone: _____ Cell Phone: _____

Recommender

The above student is applying to the FAME Academy. FAME Academy prepares middle school students for rigorous, college preparatory high school programs. Please complete this confidential recommendation in as candid a manner as possible and either mail this recommendation directly to our office (FAME Academy, 6031 Broad Street, Suite 200, Pittsburgh, PA 15206) or return this form to the student in a sealed envelope with your name across the seal. Feel free to attach additional comments or a letter. For more information about our program, please visit our website, www.famefund.org. If you have any questions, please call 412-363-5553.

English Teacher's Name: _____

School Name: _____ Email Address: _____

Relationship to Student: _____ Length of time you have known this student: _____

Skills Evaluation

	Outstanding	Good or Above Ave.	Fair or As Expected	Needs Improvement	Poor
Academic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test-taking skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investment in study time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to learning support resources (i.e. computers, calculators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to self-organize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to face challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation during group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of maturity (in relation classmates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work well in a team environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiasm for hands-on projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for peers, adults, and classroom materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Love of learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue to next page...



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

English Teacher Recommendation Form, Pg. 2 (Due before April 3rd, 2019)

What are some of the student's academic and personal strengths?

What are some of the student's academic and personal weaknesses?

What makes this student unique?

What is this student's learning style?

Additional comments

Please make sure to provide your evaluation in a sealed envelope with your signature or the school seal across the flap.



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Math Teacher Recommendation Form, Pg. 1 (Due before April 3rd, 2019)

The student applicant is asked to sign the student waiver below and request recommendation forms be submitted with the application in a sealed envelope with the recommender's signature across the seal. Two (2) recommendations must come from a Math and English teacher, and one (1) recommendation from a community member other than a teacher, such as a coach, pastor, after-school program director, or neighbor.

Student Waiver

I, _____, waive the right to see this completed form.

Name of Student (Print)

Student Signature: _____ Date: ____/____/____

Student Email Address: _____ Application Status: In progress Submitted

Home Phone: _____ Cell Phone: _____

Recommender

The above student is applying to the FAME Academy. This program prepares middle school students for rigorous, college preparatory high school programs. Please complete this confidential recommendation in as candid a manner as possible and either mail this recommendation directly to our office (FAME Academy, 6031 Broad Street, Suite 200, Pittsburgh, PA 15206) or return this form to the student in a sealed envelope with your name across the seal. Feel free to attach additional comments or a letter. For more information about our program, please visit our website, www.famefund.org. If you have any questions, please call 412-363-5553.

Math Teacher's Name: _____

School Name: _____ Teacher's Email Address: _____

Relationship to Student: _____ Length of time you have known this student: _____

Skills Evaluation

	<i>Outstanding</i>	<i>Good, Above Ave.</i>	<i>Fair, As Expected</i>	<i>Needs Improvement</i>	<i>Poor</i>
Academic Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test-taking skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investment in study time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homework completion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to learning support resources (i.e. computers, calculators)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to self-organize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to face challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation during group activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of maturity (in relation classmates)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work well in a team environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enthusiasm for hands-on projects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for peers, adults, and classroom materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Love of learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue to next page...



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Math Teacher Recommendation Form, Pg. 2 (Due before April 3rd, 2019)

What are some of the student's academic and personal strengths?

What are some of the student's academic and personal weaknesses?

What makes this student unique?

What is this student's learning style?

What specific areas of math has this student excelled in? What areas do you plan to cover with this student this school year?

Please make sure to provide your evaluation in a sealed envelope with your signature or the school seal across the flap.



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Community Member Recommendation Form, Pg. 1 (Due before April 3rd, 2019)

The student applicant is asked to sign the student waiver below and request recommendation forms be submitted with the application in a sealed envelope with the recommender's signature across the seal. Two (2) recommendations must come from a Math and English teacher; and one (1) recommendation from a community member other than a teacher, such as a coach, pastor, after-school program director, or neighbor.

Student Waiver

I, _____, waive the right to see this completed form.

Name of Student (Print)

Student Signature: _____ Date: ____/____/____

Student Email Address: _____ Application Status: In progress Submitted

Home Phone: _____ Cell Phone: _____

Recommender

The above student is applying to the FAME Academy. This program prepares middle school students for rigorous, college preparatory high school programs. Please complete this confidential recommendation in as candid a manner as possible and either mail this recommendation directly to our office (FAME Academy, 6031 Broad Street, Suite 200, Pittsburgh, PA 15206) or return this form to the student in a sealed envelope with your name across the seal. Feel free to attach additional comments or a letter. For more information about our program, please visit our website, www.famefund.org. If you have any questions, please call 412-363-5553.

Community Member's Name: _____ Title _____

Company/Organization Name: _____ Email Address: _____

Relationship to Student: _____ Length of time you've known this student _____

Skills Evaluation

	<i>Outstanding</i>	<i>Good, Above Ave.</i>	<i>Fair, As Expected</i>	<i>Needs Improvement</i>	<i>Poor</i>
Honest, ethical habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to self-organize	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to face challenges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect/concern peers, adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to communicate effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please continue to next page...



FUND FOR ADVANCEMENT OF MINORITIES THROUGH EDUCATION

6031 Broad Street, Suite 200, Pittsburgh, PA 15206 / Phone: (412) 363-5553; Fax: (412) 363-5593

Community Member Recommendation Form, Pg. 2 (Due before April 3rd, 2019)

What are some of the student's personal strengths?

What are some of the student's personal weaknesses?

What makes this student unique?

What do you like most about this applicant?

Additional comments:

Please make sure to provide your evaluation in a sealed envelope with your signature or the school seal across the flap.