# Urban Alliance Counselor Eligibility Form

Eligibility for the Urban Alliance **High School Internship Prep Program** requires students have at least a 2.0 GPA and good standing with attendance; students must also be on track to graduating on time. If selected for The Urban Alliance Junior Program, Intern(s) will attend professional development workshops after school, twice a week from 3:00pm-4:30pm. Upon successful completion of the High School Internship Prep Program Intern(s) will transition into their senior year where he/she will report to his/her jobsite Monday-Thursday 2:00pm-5:00pm. Senior Interns will attend professional development workshops once a week throughout their entire senior year. Senior Intern(s) will have the opportunity finish off his/her internship 5-6 weeks into the summer while continuing to attend workshop once a week

Please fill out the following information confirming this student’s eligibility to stay after school and attend weekly workshop

Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor email address (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Students Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_ Student absences in sophomore year: \_\_\_\_\_\_

Please check the option that best reflects this student’s junior year schedule as it stands right now:

**🞎** This student is authorized to attend weekly workshop up to three times a week

**🞎** This student does not meet the requirements needed to participate in Urban Alliance

**🞎** As per this date, student is on target for eligibility to participate in Urban Alliance

**🞎** I am not sure of students eligibility, please check back

Comments or Concerns**:**

**Counselor Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_

# Urban Alliance Parent/Guardian Approval and Release

Parent/Guardians support will be an important part of the Urban Alliance program. Your signature is required for your student to apply and participate in the High School Internship Prep Program.

If selected for The Urban Alliance Junior Program, Intern(s) will attend professional development workshops after school, twice a week from 3:00pm-4:30pm. Upon successful completion of the High School Internship Prep Program Intern(s) will transition into their senior year where he/she will report to his/her jobsite Monday-Thursday 2:00pm-5:00pm. Senior Interns will attend professional development workshops once a week throughout their entire senior year. Senior Intern(s) will have the opportunity finish off his/her internship 5-6 weeks into the summer while continuing to attend workshop once a week.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name), as legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print students name) hereby authorize him/her to participate in the aforementioned activities. I agree to allow his/her assigned representative of Urban Alliance to obtain his/her academic and or attendance records. I certify that the information filled out on the previous pages is correct to the best of my knowledge.

I understand that my student’s participation in the Urban Alliance Program may be terminated at any time if she/he is unable to abide by Urban Alliance policies, or demonstrate inadequate performance during professional development workshop. I understand that Urban Alliance promotes self-sufficiency; therefore, primary communication must be held between my student and his/her Program Coordinator.

I also understand that my student's internship opportunity may be terminated if I contact his/her jobsite and/or Mentor directly regarding any issues and or concern’s. Furthermore, I understand that my concerns must be directed to my student’s Program Coordinator and or the Urban Alliance team, as the Intern is employed by Urban Alliance. I acknowledge that it is prohibited to contact mentors or jobsites as a matter of Urban Alliance policy.

Please select one: **🞎** YES, I agree **🞎** NO, I do not agree

In addition, I agree to allow him/her to be photographed and/or videotaped and their pictures and experience to be used in fliers, on websites, in press releases and other forms of social media in support of our program

Please select one: **🞎** YES, I agree **🞎** NO, I do not agree

Parent/Guardian’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daytime phone # (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evening phone # (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comments or Concerns**:**