

CECAAL ECL

**Educational
Services, Tours and
College Visitation**

S.C.O.P Child With Parent College Visitation Program/Grant Pre-Interview Information APPLICATION 2014 (Phase One):

**THIS PAGE MUST BE RECEIVED BY MAIL. FAX OR SCANNED TO EMAIL NO LATER THAN
SUNDAY, SEPTEMBER 21, 2014 BY 11:59PM
OR THE CHILD WILL NOT BE CONSIDERED:**

Fax To: 1-800-587-7165

Scan and Email to: cecaalcollegetour@gmail.com

Mail to: CECAAL, P.O. Box 42406, Philadelphia, PA 19101

- (1) Student's Name: _____
- (2) Parent's Name: _____
Parent/guardian who will more than likely travel with the child
- (3) Student's Address : _____
- (4) City/State/Zip) _____
- (5) Student's Birthdate (Mo/Dy/Yr): _____
- (6) Parent's Email: _____
- (7) Student's Email: _____
- (8) Home Phone: _____
- (9) Parent's Cell: _____
- (10) Student's Cell: _____
- (11) Current Grade: _____
- (12) Current School: _____
- (13) Student's GPA (Exact or Close Estimate): _____
- (14) Student's current RESIDENCE: Philadelphia Resident ___ or Non-Philadelphia Resident ___
- (15) Student's HOUSEHOLD (check one): Single Parent ___ or Two Parent's ___ or Agency Parent ___
- (16) Student's ETHNICITY _____
**(If biracial or multiracial give parent's ethnicities) _____
- (17) Student's PERSONALITY in 2-3 words: _____
- (18) Student's GENDER: _____
- (19) Student's COLLEGE AREA OF INTEREST/MAJOR: _____
- (20) Household RELIGION/FAITH (if any): _____
- (21) Total Household INCOME (Exact or Close Estimate): _____ (Proof or income may be requested).
- (22) In order of importance TOP 3 COLLEGES (within 300 Miles) the student is applying for to visit. ***Be mindful, if accepted only 1 or 2 will be granted.*** 1. _____ 2. _____ 3. _____
- (23) Has the Student ever TRAVELED with CECAAL or ECL before? If so when or to where?: _____
- (24) Why are the aforementioned colleges important to the student at this time? (Please explain, or use additional page).

- (25) Has the Student ever TRAVELED with CECAAL or ECL before? If so when or to where?: _____

**PARENTAL ATTESTATION AND SIGNATURE:
(FORM MUST BE COMPLETE AND SIGNED OR IT WILL NOT BE PROCESSED):**

I attest that the information provided is accurate to the best of my knowledge and no information was provided with the intent to fabricate. I will provide additional information to support my responses as requested.

Parent/Guardian Signature: _____ Date: _____