



TRANSITION TO ADULTHOOD PROGRAM APPLICATION

Please return this completed application to:

H.E.R.O. for Children, Inc.
Attn: Transition to Adulthood Program
6075 Roswell Road NE, Suite #450
Atlanta, GA 30328

Program Purpose

H.E.R.O. for Children, Inc. is committed to *improving the quality of life for children infected with and affected by HIV/AIDS through enriching programs, unforgettable experiences, and connections with the community*. As such, we believe it is important to aid in developing these children's talents and support their pursuit of higher education and professional training. The "Transition to Adulthood" program will consist of a weekend of workshops for our young adults covering issues related to attending college as well as seeking gainful employment. Sessions will address topics including the college application process, identifying academic scholarships, accessing internships, resume' writing, interviewing skills and appropriate professional behavior. With this program, we hope to furnish our adolescents with the tools necessary to succeed in college (if they choose to pursue that option), secure fulfilling jobs, establish careers and become productive members of society. The Transition to Adulthood Program will take place from *Saturday, October 10th through Sunday, October 11th at Camp Twin Lakes' Will-A-Way site in Winder, GA*. This program is offered *free of charge* to all eligible applicants who are admitted. Round-trip transportation will be provided to all accepted applicants.

Eligibility Criteria

- Must be fourteen (14) years of age or older.
- Must have HIV/AIDS or:
 - 1) have an immediate family member who is infected with HIV/AIDS (mother, father, brother or sister),
 - 2) have an immediate family member who has died from HIV/AIDS-related complications,
 - 3) live with an extended family member (grandmother, grandfather, aunt, uncle or cousin) who has HIV/AIDS.
- Must be or have been enrolled in at least one H.E.R.O. program.

Deadline

Applications will be reviewed on a first-come, first-served basis. Applicants are strongly encouraged to submit their applications as early as possible, as space is limited.

Deadline: Monday, September 21, 2015.

You will be notified by phone, email or mail regarding the status of your application.



APPLICANT INFORMATION

| | | |
|-------------------|----------------------------|------------------|
| First Name | Middle Name/Initial | Last Name |
|-------------------|----------------------------|------------------|

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|---------------------|-------------|---------------|------------|
| Home Address | City | County | Zip |
|---------------------|-------------|---------------|------------|

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|-------------------------|----------------------|
| Telephone Number | Email Address |
|-------------------------|----------------------|

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|---|---|
| Gender <input type="radio"/> Male <input type="radio"/> Female | Ethnicity <input type="radio"/> White/Caucasian <input type="radio"/> Black/African-American <input type="radio"/> Hispanic/Latino <input type="radio"/> Native American <input type="radio"/> Asian/Pacific Islander/Indian Sub-Continent <input type="radio"/> Multi-Racial <input type="radio"/> Other |
|---|---|

What H.E.R.O. program(s) have you participated in? When? (Please check all programs that apply)

- Super HEROs Program/Yr.(s)**_____
- Camp High Five/Yr.(s)**_____
- HERO for a Day/Yr.(s)**_____
- Rising HEROs/Yr.(s)**_____
- Bright HEROs Program/Yr.(s)**_____
- Other**_____

PARENT/GUARDIAN INFORMATION

| | | |
|-------------------|----------------------------|------------------|
| First Name | Middle Name/Initial | Last Name |
|-------------------|----------------------------|------------------|

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|---------------------|-------------|---------------|------------|
| Home Address | City | County | Zip |
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| Telephone Number | Email Address |
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What is the highest level of education your parent/guardian has achieved (please circle one, if applicable)?

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|----------------------------|---------------------------------|-------------------------------------|------------------------|
| High School Diploma | Associate's Degree | College Degree | Master's Degree |
| Law Degree (J.D.) | Doctorate Degree (Ph.D.) | Medical Doctor Degree (M.D.) | |



EDUCATION INFORMATION

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|--------------------------------------|--------------------|------------------------------------|
| High School/College Attending | Grade Level | Anticipated Graduation Date |
|--------------------------------------|--------------------|------------------------------------|

Grade Point Average (GPA)

If you are a current high school or college student, please list each class/course you are enrolled in this semester. Also, please indicate if the class/course is Advanced Placement (AP), Honors (H), or International Baccalaureate (IB).

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Which class/course do you enjoy the most? Why?

Which class/course do you enjoy the least? Why?

Have you taken the SAT, ACT, Advanced Placement or any other entrance exam(s)?

If yes, please provide your score information below.

Scholastic Exams

| Exam | English Score | Math Score | Reading Score | Science Score | Composite Score |
|-------------|----------------------|-------------------|----------------------|----------------------|------------------------|
| ACT | | | | | |
| SAT | | | | | |
| PSAT | | | | | |
| AP Exam | | | | | |
| OTHER Exam | | | | | |

COMMUNITY SERVICE

(Please list your community service activities during the past two years, if any)

| Organization | Nature of Service/Work | From (Mo./Yr.) | To (Mo./Yr.) | Avg. Hrs./Wk. |
|---------------------|-------------------------------|-----------------------|---------------------|----------------------|
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EXTRA-CURRICULAR ACTIVITIES

What are your hobbies/interests?



Do you participate in any school sports? If yes, which ones and what position(s) do you play?

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Are you involved in any other extracurricular activities (including social clubs and student government), programs or organizations? If yes, what are they and what position(s) of leadership (i.e. President, Secretary, etc.) do you hold in each (if any)?

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List honors and outstanding achievements you have received (if any):

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HIGHER EDUCATION/CAREER GOALS

Which colleges or universities are you interested in attending? Why?

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If you are not interested in attending college, why not?

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What job or career are you interested in? Why?

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What do you hope to gain from participating in the Transition to Adulthood Program?

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STATEMENT OF UNDERSTANDING

The facts set forth in my application are true to the best of my knowledge. I understand that any false or misleading statements in this application will result in my disqualification from the Transition to Adulthood Program.

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| Signature of Applicant: | Date: |
|--|----------------------|