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| **IMPACT MENTORING ACADEMY** |

# Student Application (*To be completed by student)*

## Applicant Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Full Name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | First | | | | | | | | | Middle | | | | | |  | | | | | | | Last | | | | | | | | | | Date | | | | |  |
| Date of Birth: | | | |  | | | | | | Passport No.: | | | | | | | |  | | | | | | | | | Expiration Date: | | | | | | | |  | | | | | |
| Phone: |  | | | | | | | | | | | Email | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Present School | | | | |  | | | | | | | | Current Year Group | | | | | | | | | |  | | | | |  | |  | | | Age | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grade Applying to: | | | | | | **M1** | M2 | | | | | | | **M3** | | | | | | S1 | | | | | | **S2** | | | | | **S3** | | | | | | | **S4** | | |
|  | | | | | | | | | | | | | | | | | | | **Yes/No** | | | | | |  | | | | | | |  | | | | | | | | | |
| Are you a citizen of Bermuda? | | | | | | | | | | | | | | | | | | | | |  | If no, state your citizenship | | | | | | |  | | | | | | | | | | | |
| Have you applied to IMA before? | | | | | | | | | | | | | | | | | | | | |  | If yes, when? | | | | | | |  | | | | | | | | | | | |
| Do you participate in any sports or activities outside of school? | | | | | | | | | | | | | | | | | | | | |  | If so, state activities | | | | | | |  | | | | | | | | | | | |
| Why are you interested in Impact Mentoring Academy? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| How did you hear about IMA? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are your expectations of IMA? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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## Parent/Guardian Information

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| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  | Full Name: | |  | |
| Address: |  | | | Address: | |  |
| Place of Employment: |  | | | Place of Employment: | |  |
| Email: |  | | | Email: | |  |
| Phone (hm): |  | | | Phone (hm): | |  |
| Phone (wk): |  | | | Phone (wk): | |  |
| Phone (cell): |  | | | Phone (cell): | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Parent’s Marital Status: | Married: |  | Divorced: |  | Separated: |  | Together: |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Lives with: |  | Mother |  | Father |  | Mother & Father |  | Other: |  |

## Family & Alumni

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Siblings** | | | |  | Sex | |  | Age |  | School (if applicable) | | | | | |
|  | | | |  |  | |  |  |  |  | | | | | |
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|  | | | |  |  | |  |  |  |  | | | | | |
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| **Grandparents** | | | | | | | | | | | | | | | | |
| Maternal Grandmother |  |  | | | | | | |  | Maternal Grandfather | | |  |  | |
| Paternal Grandmother |  |  | | | | | | |  | Paternal Grandfather | | |  |  | |
|  | | | | | | | | | | | | | | | |
| **Alumni Name** | | |  | | | Year Left/Graduation | | | | |  | Relationship to Applicant | | |
|  | | |  | | |  | | | | |  |  | | |

## Talent & Development

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| My gifts, talents & skills include the following: | | | | | |  | | | | | | | | | | | | | |
| What are your hobbies?: |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Do you play an instrument? | |  | If so, which one (s): | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Have you received any of the following services (please tick)? | | | |  | Speech Therapy | | | |  | | Learning Support / Tutoring | |  | Occupational Therapy |  | | | Counseling Services | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| If yes, please provide details or the relevant reports: | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Do you have any learning challenges/disabilities? | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
| Is there any additional information we should be aware of? | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Have you ever used illegal drugs or alcohol? | | | | | |  | Do you currently have a drug dependency? | | | | | | | | |  | | |
|  | | | |  |  | | | |  | |  | |  |  |  | | |  | | | |
| Have you ever been convicted of a crime? | | | | | |  | Are you willing to take a drug test? | | | | | | | | | |  | |

## Short Description of Yourself

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Please take time to describe you as a person, your likes, dislikes, interests, etc. | | | |  | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | Do you have any religious affiliation? | |  | | | | |  | | | | | | | | I believe my life mission (purpose in life) is: | | |  | | | | |  | | | | | | | | My future dream job is: |  | | | | |

## Enrollment Assignment

Please choose one of the following statements and write a one-page essay on it. This handwritten essay must be turned in with your completed application.

* Describe a person you admire or who has influenced you significantly and explain why.
* List the qualities of a great teacher and describe a teacher you have had who had those qualities.
* List the qualities of a great student and describe how you measure up or don’t measure up to them.

## Disclaimer and Signature

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| **Student Disclaimer** |

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  |  | *certify that my answers are true and complete to the best of my knowledge.* |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | Date: |  |

Applicant

**Photo Release:**

*I give permission for IMPACT Mentoring Academy (IMA) to photograph and video my child and to use said photos and videos for social media, marketing, promotion, and all other IMA materials.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Parent/Guardian of Applicant