Kingsbridge Heights Community Center
College Directions Program with New York Cares
SAT Prep Program for High School Juniors
2019-2020

The New York Cares SAT Prep Program is administered by New York Cares at Kingsbridge Heights Community Center. For the 2019-2020 school year, you are committing to take advantage of the tutoring and resources that we will provide so that you can do your very best on the March SAT exam.

This program can be of great benefit to you, if you take it seriously. You will need to prioritize your participation in this program to achieve balance between SAT preparation, your schoolwork, and other commitments. The tutors who will be working with you each week are New York Cares volunteers. They are generous people who are not getting paid to share their time and talents to help you improve your SAT scores. They want to see you succeed. Please respect their time and effort by attending all scheduled tutoring sessions, doing your homework and working constructively with them.

The New York Cares SAT Prep program meets for 2 hours on Wednesdays from 6:30PM to 8:30PM from October 16th to March 18th.

We require a $100 security deposit (cash only) to ensure attendance and will be returned at the end of the school year if all participation requirements are met.

Application Requirements:
- Complete all parts of the attached application
  - Student Information
  - Student Survey
  - Personal Statement
  - Permission Slips
  - Student Contract
- Complete brief interview with CDP staff member

Registration Requirements:
- Complete Teen Center Registration forms
- Submit most recent report card or transcript
- Submit $100 deposit

Participation Requirements:
- Attend and participate in every tutoring session (no more than two excused absences)
- Complete all homework assignments
- Take all three SAT Practice Exams (exams will take place on a scheduled Saturday morning).
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**Important Program Dates:**
October 16th, First Day of Tutoring
March 18th, Last day of tutoring
March 25th, DOE in school SAT Day

**All Program Dates:**
October 16, 23, 30
November 6, 13, 20
December 4, 11, 18
January 8, 15, 29
February 5, 12, 26
March 4, 11, 18

*All regular program dates are scheduled for Wednesday's 6:30-8:30pm.*

**Practice Test Dates:**
Test #1: September 28th OR October 5th
Test #2: December 7th
Test #3: February 29th

*All practice tests are scheduled for Saturday's at 9:30am.*

If you are to miss a class or practice test, please give 24-hour notice to Derwin Greene, College Success Counselor, by email dgreene@khcc-nyc.org or phone call 718-884-0700 ext.184.
2019-2020 New York Cares SAT Prep
Student Application

About SAT Prep

Did you know that the typical cost of an SAT tutor or class averages $1,000 - $1,600 in New York City? We at New York Cares think that’s too expensive. And we did something about it. With New York Cares volunteer tutors (that’s right, unpaid tutors) on our side, along with the financial support of Sidley Austin and Clark Foundation, New York Cares has been running SAT Prep for 20 years. New York Cares SAT Prep is New York City’s largest free SAT program.

SAT Prep is free. And it works.

New York Cares SAT Prep provides 7 months of intensive SAT tutoring, up to 3 SAT mock exams, along with your SAT student book. SAT Prep students see an average increase of 195 points from their 1st practice test to their actual SAT Exam (maximum SAT score is 1600). Give this program your full commitment and work and you will see your SAT score go up.

About This Application

To make sure that SAT Prep is the right match for participating students, we require that all SAT Prep students complete and submit this application to your SAT Prep site supervisor. Only complete applications will be submitted. Use the checklist below to keep track of your progress.

Application Checklist:

☐ Part I: Student Information Page 4
☐ Part II: Student Survey Page 4
☐ Part III: Personal Statement Page 4
☐ Part IV: Permission Slips Page 5
☐ Part V: Student Contract Page 6
I. Student Information

First Name: ___________________________ Last Name: ___________________________ Birth Date (MM/DD/YY): ______

Email Address: ___________________________ Cell Phone: ___________________________

High School Name: _________________________ Grade (2018-2019): _________________________

High School Borough (BK, BX, M, Q, SI): _________________ Name of Guidance Counselor: _________________________

II. Student Survey

Read the assessment below and identify the response that best describes how you feel about the following today. Please mark your responses with a check (✓).

<table>
<thead>
<tr>
<th>Please rate how confident you feel about:</th>
<th>Not at all confident</th>
<th>Slightly confident</th>
<th>Somewhat confident</th>
<th>Very Confident</th>
<th>Extremely confident</th>
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<tbody>
<tr>
<td>Taking the SAT</td>
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<td>Components on the SAT</td>
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<td>Applying to college</td>
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<tr>
<td>Gaining acceptance to a college of your choice</td>
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III. Personal Statement

In 500 words or less (about 1 page long), please respond to one of the following prompts.

1. What do you want to achieve by participating in the New York Cares SAT Prep program?
2. Why do you want to go to college? What motivates you?
3. What do you want your future SAT Prep tutor to know about you?

You must type, print, and attach your personal statement to this application.
IV. Permission Slips
Please read each consent form carefully. Once completed and signed, submit the forms with your SAT Prep Student Application to your SAT Prep site supervisor.

SAT SCORE RELEASE - REQUIRED
To assess and evaluate the quality of SAT Prep, we request SAT scores of our students. Please have this form signed by your parent or legal guardian and high school guidance counselor.

STUDENT INFORMATION:
Name: ___________________________
High School: _______________________
Email: __________________________

GUIDANCE COUNSELOR INFORMATION:
Name: ___________________________
Email: ___________________________
Phone Number: ____________________

I hereby authorize my guidance counselor to release my standardized test scores to my SAT Prep site supervisor, and to New York Cares, Inc. I understand that my scores will be sent to funders of the New York Cares SAT Prep program.

I have read the foregoing and fully understand the contents thereof.

__________________________________________
Student Name
__________________________________________
Student Signature
__________________________________________
Date

__________________________________________
Parent/ Legal Guardian Name
__________________________________________
Parent/ Legal Guardian Signature
__________________________________________
Date

__________________________________________
Guidance Counselor Name
__________________________________________
Guidance Counselor Signature
__________________________________________
Date

PHOTO RELEASE - OPTIONAL
I hereby authorize New York Cares, Inc. to use film, video or photographs of myself or my child taken by New York Cares, Inc. or its agent and/or information about and quotes by myself as produced in my interview with New York Cares, Inc. or its agent in such manner as deemed appropriate for the purposes of publicizing the operation of New York Cares, Inc. or for the solicitation of contributions in New York State.

I further grant consent for the above to be released to an external media organization for the purposes of publishing, broadcasting or otherwise disseminating such information to the public.

I further grant permission to New York Cares, Inc. to release my/my child’s name to such media organization.

I hereby release, discharge and agree to hold harmless New York Cares, Inc., its affiliates, and their respective officers, directors, representatives, successors and assigns from any and all claims, damages or liabilities pertaining to the use of the above information. I understand that this Information and Photo Release will be binding upon me and my representatives.

I have read the foregoing and fully understand the contents thereof.

__________________________________________
Signature of Participant or Legal Guardian
__________________________________________
Print Name
__________________________________________
Name of Child (if applicable)
__________________________________________
Phone Number (Day)
__________________________________________
Phone Number (Evening)
__________________________________________
Date
V. Student Contract
By completing and signing this contract, you agree to fulfil the student responsibilities and requirements of the program. Please keep a copy of the Student Contract for your records.

STUDENT CONTRACT – REQUIRED

I, __________________________________________, understand and agree to the following student responsibilities and requirements:

(Check off each box to acknowledge that you understand and agree to each responsibility and requirement.)

☐ To treat my SAT Prep site supervisor, tutors, and peers with respect
☐ To attend all scheduled SAT Prep sessions (except for 2 permitted absence per semester)
☐ To notify my SAT Prep site supervisor at least 24 hours before the start of the SAT Prep session of my 2-permitted absence per semester
☐ To take 3 full-length practice SAT exams as a part of the program
☐ To complete all SAT Prep homework assigned to me

I, __________________________________________, understand that

1. if I am absent for any of the practice SAT exams, or
2. if I have more than 2 unexcused absence per semester, or
3. if I repeatedly fail to prepare for class by completing my homework or bringing my materials to class,

...I may be asked to forfeit the SAT materials that were provided to me and to leave the program.

I have read the foregoing and fully understand the contents thereof.

__________________________________________  ______________________  ____________
Student Name          Student Signature          Date

__________________________________________  ______________________  ____________
Parent/ Legal Guardian Name          Parent/ Legal Guardian Signature          Date