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 <u>not</u> 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 <u>if all participation requirements are met.</u>

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 <u>all three</u> 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:

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



2019-2020 New York Cares SAT Prep

Student Application

I. Student Information					
First Name:	Last Name:	Birth Date (MM/DD/YY):			
Email Address:	Cell Ph	none:			
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 (\checkmark) .

Please rate how confident you feel about:	Not at all confident	Slightly confident	Somewhat confident	Very Confident	Extremely confident
Taking the SAT					
Components on the SAT					
Applying to college					
Gaining acceptance to a college of your choice					

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:	GUIDANCE COUNSELOR II	NFORMATION:		
Name:	Name:			
High School:	Email:			
Email:	Phone Number:	Phone Number:		
	release my standardized test scores to my SA scores will be sent to funders of the New Yor			
have read the foregoing and fully unders	tand 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 - <i>OPTIONAL</i> se film, video or photographs of myself or my obout and quotes by myself as produced in my in			
	emed appropriate for the purposes of publicizing			
further grant consent for the above to be rele roadcasting or otherwise disseminating such	eased to an external media organization for the information to the public.	e purposes of publishing,		
further grant permission to New York Cares	, Inc. to release my/my child's name to such m	nedia organization.		
irectors, representatives, successors and as	I harmless New York Cares, Inc., its affiliates, signs from any and all claims, damages or lia is Information and Photo Release will be bindi	bilities pertaining to the use		
have read the foregoing and fully unders	tand 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.

		STUDE	ENT CONTRACT – <i>REQUIRED</i>			
I, requirem	ents		tand and agree to the following student responsi	bilities and		
(Che	ck 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 homewo	rk assigned to me			
I,		, unders	tand that			
2	 if I am absent for any of the practice SAT exams, or if I have more than 2 unexcused absence per semester, or 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 re	ead t	the foregoing and fully understand	I the contents thereof.			
		Student Name	Student Signature	Date		
		Parent/ Legal Guardian Name	Parent/ Legal Guardian Signature	 Date		