



F.A.S.T. Program Application & Enrollment Packet

Please Print Legibly

Applicant Information

 FIRST NAME MIDDLE LAST

 DATE OF BIRTH LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

Demographic Information

Gender: _____ Race: _____

Contact Information

Address where you receive mail

 ADDRESS CITY STATE ZIP CODE

Phone Number: () _____ E-mail: _____

What is the best way to contact you? Text Call Email Facebook Other: _____

Are you a sibling of a current or former F.A.S.T. Program participant? NO
YES: _____



SVSU or Delta College Application date: _____

Free Application for Federal Student Aid (FAFSA) completion date: _____

Tuition Incentive Program (TIP) application completion date: _____

High School/Program where you received your Diploma/GED: _____

Emergency Contact Information

Please check the box if your caseworker is your emergency contact

Name: _____

Relation: _____

Phone Number: _____

Caseworker Information

FIRST NAME LAST NAME

AGENCY NAME

ADDRESS CITY STATE ZIP CODE

PHONE NUMBER EMAIL ADDRESS



What are your goals in life?

Why do you want to be in college?

What are the biggest challenges for you in college?

What can be done to better help you succeed in overcoming the mentioned challenges?

What strengths do you possess that will help you succeed in college?

Who has been your biggest positive influence? Why?

What is one of the best decisions you ever made and why did it turn out to be a good decision?

Is there anything else you would like to tell us?



Agreement & Acknowledgement

I, _____, acknowledge that I was in foster care on or after my 14th birthday and if I was adopted out of foster care the adoption occurred on or after my 16th birthday. I am aware that I am eligible to qualify to qualify for the Educational Training Voucher (ETV) or Refugee Education Voucher (REV) in the state of Michigan.

By signing this agreement form, I agree and/or understand:

- To allow my file from my caseworker to be released to qualified staff of the F.A.S.T. Program in order to best assist my needs.
- That the F.A.S.T. Program may contact the Department of Health & Human Services (DHHS) or any other relevant agency to verify my eligibility for F.A.S.T. Program assistance.
- Certain personal information required to process this application will be properly safeguarded and kept confidential. This information will be used only for legitimate purposes and only when absolutely necessary.

By completing and signing this application, I agree to all of the above. I agree that I will hold Saginaw Valley State University, Delta College, and the F.A.S.T. Program and staff harmless as a result of contact with any such agency.

Printed Name

Date

Signature

Date



Release of Information Form (MDHHS)

I, _____, by providing my signature below, freely and without coercion allow F.A.S.T. Program staff to provide my full legal name, date of birth, address, and proof of enrollment to representatives of The Michigan Department of Health and Human Services. The personal information provided will be used with the sole and explicit purpose of confirming my eligibility for participation in the Fostering an Academic Successful Transition (F.A.S.T.) Program at Delta College & Saginaw Valley State University (SVSU).

By signing below I allow for the release of information cited above, I have had the opportunity to ask any questions pertaining to this release, I have received satisfactory answers to each of my questions, and am aware that this release of information is strictly voluntary. I will not hold the F.A.S.T. Program, F.A.S.T. Representatives, SVSU, Representative of SVSU, Delta College, or Representatives of Delta College responsible for the release of my personal information or for any consequences that result from the release of information.

Student's Name: _____ Date: _____

Students Signature: _____ Date: _____

Staff's Name: _____ Date: _____

Staff's Signature: _____ Date: _____



Participant Acknowledgement of Mentors

I _____ acknowledge that I have been offered a Mentor as one of my benefits of participation in the F.A.S.T. Program.

Please initial next to each statement to confirm your acknowledgement and understanding:

_____ Mentors offer valuable connections and resources apart from those directly offered through the F.A.S.T. Program

_____ If I decline the offer of a mentor I can request to be paired with a mentor at any time during my participation in the F.A.S.T. Program

_____ I can request to change mentors if I have reasonable belief the mentor I have been paired with is not a good fit for me

_____ I can opt out of having a mentor at any time during my participation in the F.A.S.T. Program

_____ My decision to accept or decline a mentor with the F.A.S.T. Program will not affect other benefits that I receive through the F.A.S.T. Program

I have decided to:

_____ Accept a mentor through the F.A.S.T. Program

_____ Decline a mentor through the F.A.S.T. Program (If declining a mentor, please state reason)

F.A.S.T. Participant Signature

Date



Confidentiality Agreement

The use or disclosure of information concerning services, applications, or recipients obtained in connection with the performance of this agreement shall be restricted to purposes directly connected with the administration of the programs implemented by the agreement, and when not prohibited by law.

In all cases, use or disclosure of confidential information shall only be allowed when that use or disclosure is in compliance with federal and state laws, court orders and subpoenas, or subpoenas by a grand jury.

Confidentiality provisions related to casework activities, family situations and issues, family demographics and any other information that shares case specific details must be strictly observed and may not be disseminated in any way except as specified above.

I understand and will abide by the confidential parameters of this project.

Name: _____

Signature: _____

Project Position: Participant

Date: _____



Photo Release Form

I _____, hereby authorize the F.A.S.T. Youth in Transition Program to publish photographs taken throughout the program and my name for the use in the F.A.S.T. Program print, online and video-based marketing materials, as well as other F.A.S.T. Program publications.

I hereby release and hold harmless from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in program marketing materials or other program publications. I acknowledge and agree that publication of said photographs confers no rights of ownership or royalties whatsoever.

I hereby release F.A.S.T. Youth in Transition Program, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third part in connection with my participation.

Authorization

Printed Name: _____

Signature: _____

Date: _____