School Application

We're hearing from many school administrators that there is a great need for a partner to provide and manage trained volunteers to support their school. So, we are currently building a multi-year expansion plan to add more sites throughout West Michigan in the next few years. If you would like to explore bringing Affinity Mentoring to a school and/or to be considered in this strategic expansion plan, please complete this application.

Questions? Contact Laura Ward, Executive Director, at lward@affinitymentoring.org or 616.406.3987.

* Required

1. **Email address** *

   _____

2. **Name of School** *

   _____

3. **Are the majority of the students enrolled in the school experiencing poverty?** *

   Mark only one oval.

   ( ) Yes

   ( ) No

4. **Is the appropriate district administrator [i.e., Superintendent, Assistant Superintendent or Executive Director] aware of and in agreement with this application?** *

   Mark only one oval.

   ( ) Yes

   ( ) No

5. **Is the building Principal aware of and in agreement with this application?** *

   Mark only one oval.

   ( ) Yes

   ( ) No

6. **Is the school able to provide adequate physical space for mentoring and an Affinity Site Coordinator on-site? If yes, please describe the potential space available.** *

   _____

   _____

   _____

   _____

   _____

If you answered "no" to any of the above questions, please do not continue with this application.

Contact Information

7. **School Address [Street, City, State, Zip]** *

_____

_____

_____

_____

_____

8. **Grades [Check all that apply]** *
   Check all that apply.

   ☐ Pre-K

   ☐ Kindergarden

   ☐ 1st

   ☐ 2nd

   ☐ 3rd

   ☐ 4th

   ☐ 5th

   ☐ 6th

   ☐ 7th

   ☐ 8th

   ☐ 9th

   ☐ 10th

   ☐ 11th

   ☐ 12th

9. **School District** *

_____

10. **Primary Contact Person [First Name and Last Name]** *

_____

11. **Primary Contact's Phone Number** *

_____

12. **Primary Contact's E-mail Address** *

_____

13. **Primary Contact Role in the School** *

_____

14. **Percentage of students in your building receiving free or reduced lunch** *

_____

School Narrative

15. **Why do you want Affinity Mentoring to join this school?** *

_____
_____
_____
_____
_____

16. **What does community partnership mean to this school?** *

_____
_____
_____
_____
_____

17. **What are the assets/strengths of the school?** *

_____
_____
_____
_____
_____

18. **What are primary the needs of the students in the school? How might Affinity Mentoring support the school in addressing those needs?** *

_____
_____
_____
_____
_____

19. **What other community partnerships are engaged in/around the school? [Please list the organizations and general types of support/services]** *

_____

_____

_____

_____

_____

20. **How open is the school staff to working in a collaborative approach with Affinity staff?** *

_____

_____

_____

_____

_____

21. **If Affinity is able to join the school, how many students would you like to be enrolled in the program?** *
Check all that apply.

☐ Less than 30

☐ 30-50

☐ 50-80

☐ 80-100

☐ 100+

22. **What expectations do you have of Affinity Mentoring?**

_____

_____

_____

_____

_____

23. **Is your school willing to do the following? [Check all that apply]** *
Check all that apply.

☐ Provide an adequate program space, office, space and facility amenities for mentoring activities at the school.

☐ Identify appropriate students for referral and seek consent from parents

☐ Permit mentors to meet with students at school during the school day

☐ Advise on academic needs of participating students

☐ Provide a contact person at the school to maintain regular communication with Affinity staff

☐ Assist in providing program evaluation data for participating students

24. **If the school is unable/unwilling to do any of the above, please explain.**

_____

_____

_____

_____

_____

25. **Affinity Mentoring will need to secure funding (approximately $1280 per mentor/student match per year) to establish and sustain the program in this school. While it is not a requirement, is the school willing/able collaborate in this fundraising effort? If so, in what ways would the school be able to provide support?** *

_____

_____

_____

_____

_____

26. **What will happen if Affinity Mentoring is not able to join this school?** *

_____

_____

_____

_____

_____

27. **May we use the information provided in this application to seek community partnerships and funding to support bringing Affinity Mentoring to this school?** *

_____

28. **Application Submitted by [First Name, Last Name]** *

_____

29. **Today's Date** *

_____

Example: December 15, 2012

A copy of your responses will be emailed to the address you provided