



APPLICATION CHECKLIST – PLEASE KEEP

- Student Section**
- Student Short Responses** (completed by student on their own)
- Student Essay** (completed by student on their own)
- Grades** (report card or recent progress report-attach to application)
- Parent Section**
- Teacher Recommendations** (give to your teachers)
 - Math Teacher
 - Reading Teacher
 - Optional Adult

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

QUESTIONS?
Call Brooke Brewer @
303-770-7660 ext. 180
or bbrewer@kentdenver.org

PREGUNTAS?
Llame a Adrianna Carmichael @
720-225-8997
or acarmichael@kentdenver.org



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Learn. Teach. Achieve. Inspiring Today's Students and Tomorrow's Teachers.

STUDENT SECTION

First _____ Middle _____ Last _____

Address _____ Apt # _____

City _____ State CO Zip Code _____

Home Phone (____) _____ - _____

Student E-mail Address _____

Student Cell Phone (____) _____ - _____

Gender (circle one) Male Female Other

Student ID # _____

Date of Birth ____ - ____ - ____ Birthplace (country) _____

Do you have an older sibling that attended Breakthrough? Yes No

Who is your Sibling that attended Breakthrough? (If applicable) _____

Are you currently part of the Denver Kids Program? Yes No I Don't Know

Is English your first language? Yes No
If no, what is your first language? _____

What language(s) do you speak at home? _____

Racial and Ethnic Background (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> African/African American/Black | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Caucasian/White |
| <input type="checkbox"/> Asian/Asian-American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Middle Eastern | |
| <input type="checkbox"/> Pacific Islander | |

Current School: _____ Current Grade: _____

SHORT RESPONSES – MUST BE COMPLETED BY STUDENT ON THEIR OWN

1. Attending school in the summer, plus Saturdays during the school year, along with in-school meetings, requires dedication and commitment. What is your reason for applying and wanting to become a part of the Breakthrough Program? (2-3 Sentences) _____

2. My 3 best qualities are: _____

3. Breakthrough students usually spend about 1 hour or less on homework each night during the summer program. Can you commit to doing this amount of homework each night?

Yes No

Why or why not? (1-2 Sentences) _____

4. I plan to attend college because...(2-3 Sentences) _____

5. Think ahead to 10 years from now. What will you be doing to reach your important life goals and working toward YOUR dreams? (2-3 Sentences) _____

BREAKTHROUGH NEW STUDENT ESSAY

First Name: _____

Last Name: _____

School: _____

COMPLETE THE FOLLOWING ESSAY QUESTION:

At Breakthrough, we understand that our middle school students are faced with important decisions every day. Please write an essay about one difficult decision you made.

Points to consider:

- Describe the situation and the decision.
- How did you resolve the decision and what were the consequences of your decision?
- In what ways did this decision affect your life?
- If you were ever faced with the same decision again, would you decide differently, why or why not?

******REQUIREMENTS******

***Essays must be a minimum of 3-5 paragraphs, which is about 2 pages hand written**

***Use the planning space provided**

***Essays must be hand written on the pages provided, by the student. (You may add additional pages if necessary)**

***If you need any accommodations to complete this essay please reach out to:**

Brooke Lynn Brewer

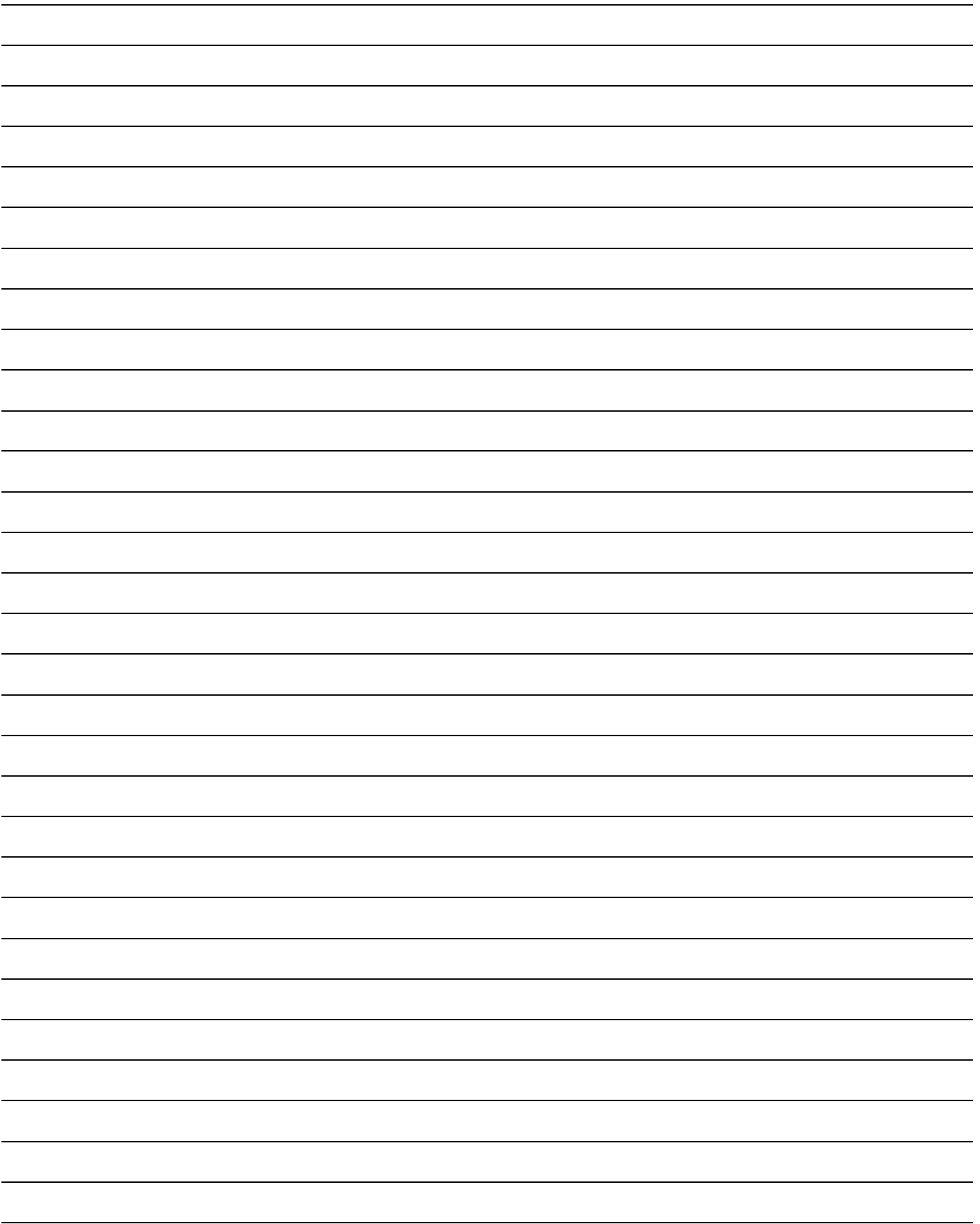
720-225-8997

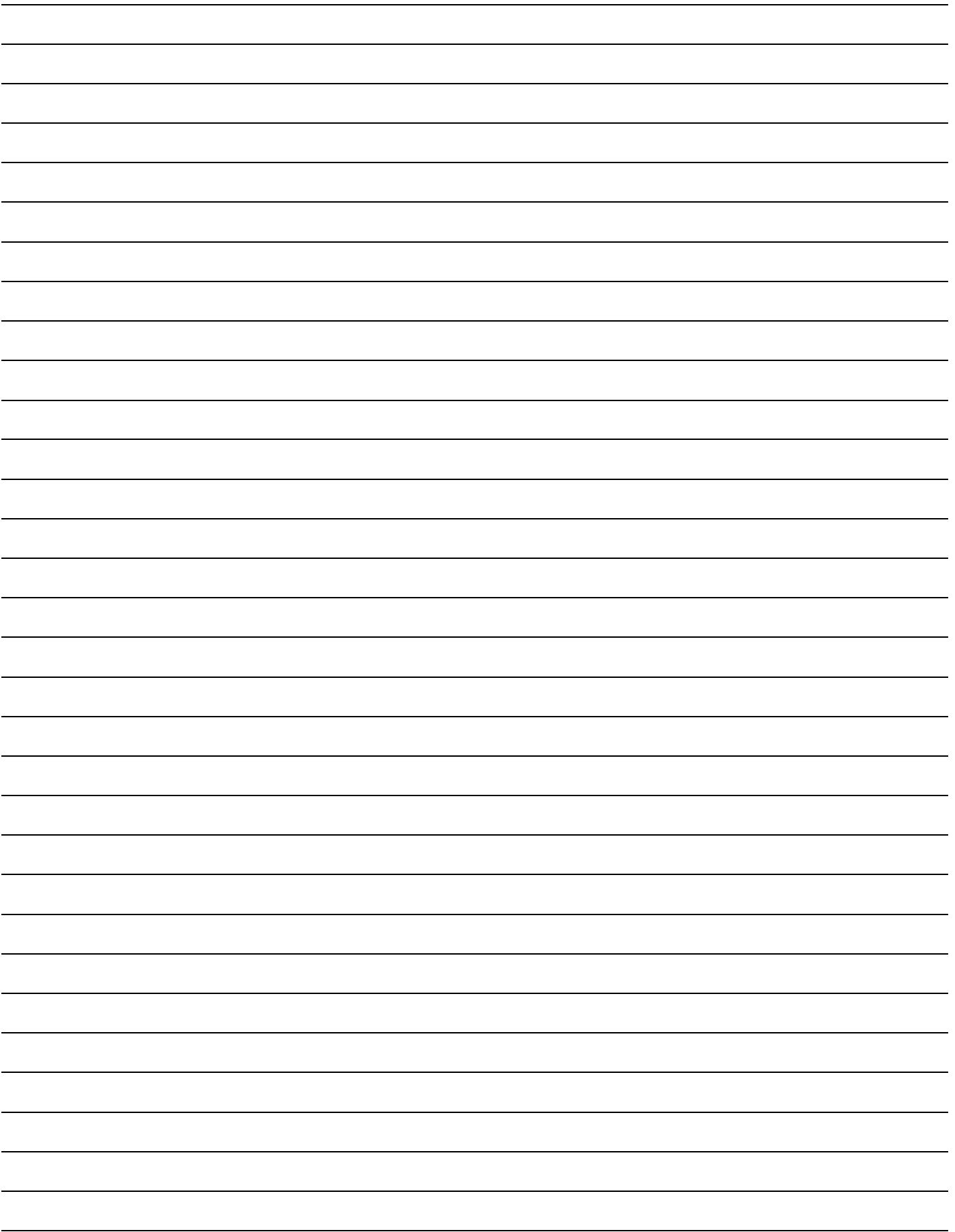
303-770-7660 ext. 180

bbrewer@kentdenver.org

Use the space below for planning your essay

A large, empty rectangular box with a thin black border, occupying most of the page below the instruction. It is intended for students to use for planning their essay.





PARENT/GUARDIAN SECTION
Esta sección debe ser llenada por los padres

Name of Student Applying/ El nombre de estudiante

First _____ Middle _____ Last _____

Parent or Guardian 1/ Madre o Tutor 1

First _____

Nombre

Last _____

Apellido

Relationship to Student _____

Relacion a estudiante

Address _____

Dirección

Apt # _____

City _____

Ciudad

State CO Zip Code _____

Home Phone () _____ -

Número de teléfono

Cell Phone () _____ -

Teléfono celular

E-mail _____ @ _____ .

Correo electrónico

Birthplace(country) _____

País de nacimiento

Language(s)Spoken _____

Lenguaje(s)

Highest Level of Education:

Educación

- Limited Formal Education (educación limitada)
- Highest Grade Completed (hasta grado) _____
- High School or GED (preparatoria)
- 1-2 Years of College (Universidad de 1-2 años)
- Four Year College (Universidad de 4 años)
- Masters Degree (Maestría)
- Doctoral Degree (Doctorado)

Parent or Guardian 1/ Madre o Tutor 1

First _____

Nombre

Last _____

Apellido

Relationship to Student _____

Relacion a estudiante

Address _____

Dirección

Apt # _____

City _____

Ciudad

State CO Zip Code _____

Home Phone () _____ -

Número de teléfono

Cell Phone () _____ -

Teléfono celular

E-mail _____ @ _____ .

Correo electrónico

Birthplace(country) _____

País de nacimiento

Language(s)Spoken _____

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****DETACH AND GIVE TO YOUR MATH TEACHER***



Math Teacher Recommendation

Student's First Name _____ Last Name _____

Teacher's Name _____ School: _____

Dear Teacher,

Your student is applying to Breakthrough Kent Denver. **Please follow the link below to our online recommendation form.** If you have any questions please call me at 303.770.7660 ext 180 or email at bbrewer@kentdenver.org

Best,

Brooke Lynn Brewer, Program Director

<http://www.breakthroughdenver.org/prospective-students.html>

OR go to www.breakthroughdenver.org --> STUDENTS --> PROSPECTIVE STUDENTS



****DETACH AND GIVE TO YOUR READING TEACHER***



Reading Teacher Recommendation

Student's First Name _____ Last Name _____

Teacher's Name _____ School: _____

Dear Teacher,

Your student is applying to Breakthrough Kent Denver. **Please follow the link below to our online recommendation form.** If you have any questions please call me at 303.770.7660 ext 180 or email at bbrewer@kentdenver.org

Best,

Brooke Lynn Brewer, Program Director

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****DETACH AND GIVE TO ANY OTHER ADULT***



Optional Teacher Recommendation

Student's First Name _____ Last Name _____

Teacher's Name _____ School: _____

Dear Teacher,

Your student is applying to Breakthrough Kent Denver. **Please follow the link below to our online recommendation form.** If you have any questions please call me at 303.770.7660 ext 180 or email at bbrewer@kentdenver.org

Best,

Brooke Lynn Brewer, Program Director

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