



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

*Advocates for Adolescent Mothers is a 501(c)(3) nonprofit and budding social enterprise committed to empowering young parents by providing them with the tools, resources, and support needed to break the cycle of poverty, establish prosperity, and prevent child abuse. Advocates for Adolescent Mothers' approach to fulfilling this mission includes empowering young parents to prevent subsequent pregnancies; connecting them with the support services needed to earn their high school and college degrees; and equipping them with life skills strategies and consumer education.*

### What is the Educational Empowerment Program?

An integral part of Advocates for Adolescent Mothers mission is to support young parents as they strive to destroy the poverty cycle. Education is one of the most powerful weapons against poverty. Yet only two percent of teen mothers earn a college degree before the age of 30. Advocates for Adolescent Mothers realizes that a vast majority of young mothers do not earn their college degree due to the limited resources available to them. The Advocates for Adolescent Mothers Educational Empowerment Program provides support to teen mothers who are entering college, or are already college students. Specifically, this support is provided through a monetary Program of up to \$500, that the awardee may use to supplement the costs of college attendance; two workshops offered throughout the academic year, that provide the awardees useful information about managing the roles of being a mother and college student; and mentorship.

If you have questions about the Educational Empowerment Program please email [info@advocatesforadolescentmothers.com](mailto:info@advocatesforadolescentmothers.com).

### Benefits of Involvement

The benefits of participation in the Educational Empowerment Program include:

- \*You will be provided the opportunity to earn up to \$500 during the academic year.
- \*You will meet and interact with other young mothers that share similar interests and goals.
- \*You will receive useful information about succeeding as a student and a parent.
- \*You will have the opportunity to build relationships with professional, supportive, and caring adults.
- \*Food will be provided at each workshop.
- \*Transit cards to attend workshops will be available upon request, based on participant need.
- \*Participation in any ceremonies, events, or trips that may be planned.
- \*Certificate upon completion.



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### Applicant Eligibility

1. Applicant must be an Illinois resident.
2. Applicant must be a parenting mother age 24 or younger.
3. Applicant must be graduating from an Illinois high school or have earned a GED prior to June 30, 2014.
4. **COLLEGE STUDENTS WHO MEET THE AGE REQUIREMENT AND ALL OTHER ELIGIBILITY REQUIREMENTS ARE ENCOURAGED TO APPLY.**
5. Applicant must have a cumulative GPA of 2.0 or higher on a 4.0 scale.
6. Applicants entering college Fall 2014 must have already begun applying for college acceptance at the time of application.
  - a. Applicant must be attending a college in Chicago or the surrounding suburbs.
  - b. Selected applicants must submit a copy of her Fall 2014 schedule to Advocates for Adolescent Mothers prior to July 13, 2014.
7. The applicant must commit to attending and participating in all workshops and receptions in 2014 and 2015.
8. Selected applicants must secure safe and adequate child care provisions for her child(ren) during scheduled workshops (workshops last for approximately 8 hours and may be held on Saturdays).

*The Educational Empowerment Program is committed to equal treatment and opportunity without regard to race, ethnicity, religion, disability, or marital status.*



P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### General Instructions for Submitting the Application

Complete this application form including the **Terms of Acceptance** on page 7. Please submit legibly completed applications. (*Provide alternate mailing and telephone information on page 5 of the application so that we can reach you with our decision.*) Submit the completed application form along with the following supporting documents (*Incomplete applications will not be reviewed*):

1. **FOR APPLICANTS ENTERING COLLEGE FALL 2014:**

An **official academic transcript** from the high school from which you are graduating OR a copy of GED scores AND a copy of your GED certificate.

*Note: We will not accept unofficial copies of high school transcripts. Please submit OFFICIAL transcripts with SEAL.*

*Copies of the GED test scores and GED certificate are acceptable from applicants who have earned a GED.*

**FOR APPLICANTS WHO ARE ALREADY COLLEGE STUDENTS:**

An **official academic transcript** from the college you attended in the Spring 2014 semester.

*Note: We will not accept student copies or other unofficial transcript documentation.*

2. Two [2] dated and signed letters of recommendation using the recommendation form provided.

**FOR APPLICANTS ENTERING COLLEGE FALL 2014:**

- a. One letter of recommendation **MUST** be completed by the counselor or administrative staff from the high school from which you are graduating. Applicants who have earned a GED **MUST** submit one letter of recommendation from a teacher or past or present employer/supervisor.
- b. One letter of recommendation from a member of your community (e.g. pastor, coach, mentor, etc.).
- c. *Recommendation letters must be submitted in a sealed envelope that has the recommender's signature across the sealed flap.*

**FOR APPLICANTS WHO ARE ALREADY COLLEGE STUDENTS:**

- a. One letter of recommendation **MUST** be completed by a dean, counselor, instructor, or administrative staff from a college you attended within the last 3 years.
- b. One letter of recommendation from a member of your community (e.g. pastor, coach, mentor, etc.).
- c. *Recommendation letters must be submitted in a sealed envelope that has the recommender's signature across the sealed flap.*

3. A copy of your child/children's birth certificate(s).

4. A signed and dated copy of Advocates for Adolescent Mothers Photo Release form (available on Advocates for Adolescent Mothers website, <http://bit.ly/PICREL>). Here is the direct link to the application: <http://bit.ly/EEGApp>.



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### General Instructions for Submitting the Application CONTINUED

5. An essay addressing the questions provided below. The essay should be 2 pages, typed, double-spaced, with 12-point font, and 1-inch margins.
  - a. What is one of the most difficult obstacles you have overcome since becoming a teen mother?
  - b. What are your goals? What type of certificate or degree (i.e. Associates or Bachelors degree) are you attempting to earn? What will you do after you earn it?
  - c. There are many challenges that prevent teen moms from completing college: What were some of the challenges you faced in high school? What do you think will be some of the challenges you will face in college? How do you think you will address these challenges?
  - d. How do you intend to use the money received through the Educational Empowerment Program? How do you think this money will help you?
  - e. What topics would you like to see covered in the Educational Empowerment Program workshops?
  - f. Is there anything else that you would like the selection committee to know?
  
6. The Advocates for Adolescent Mothers' Educational Empowerment Program Application can be downloaded from Advocates for Adolescent Mothers website, [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com). Here is the direct link to the application: <http://bit.ly/EEGApp>.

**APPLICATIONS ARE ACCEPTED ON AN ONGOING/ROLLING BASIS.**

**APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE RECEIVED BY JUNE 7, 2014 TO BE CONSIDERED FOR THE 2014-2015 ACADEMIC YEAR.**

**APPLICANTS WILL BE NOTIFIED OF DECISIONS BY JULY 13, 2014.**

**APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE MAILED TO:**

**Advocates for Adolescent Mothers  
Educational Empowerment Program  
P.O. Box 43234  
Chicago, IL 60643**



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### PART I - PERSONAL DATA

---

Name (Last, First, Middle Initial) Date of Birth

---

Address City/State Zip Code

---

Alternate Address City/State Zip Code

---

Telephone (Include Area Code) Alternate Telephone (Include Area Code)

---

Email

---

How many children do you have? Please list their Dates of Birth

---

Have you ever been homeless? (Yes or No) If yes, please provide the dates of homelessness

---

How did you find out about the Educational Empowerment Program?

---

Who will watch your child/children while you attend the workshops?

---

Are you involved in any other programs that provide support, mentoring, and/or education to teen moms?



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### PART II – EDUCATION

---

Current School Name	Address	Telephone
---------------------	---------	-----------

---

Current GPA/Class Rank	ACT/SAT Score
------------------------	---------------

---

Name of College/University You will attend Fall 2013	Address	City/State	Zip Code
--	---------	------------	----------

---

Anticipated Major (If unknown please write "unknown".)

### PART III - FINANCIAL DATA

#### INCOME SOURCES

Please check all that apply to you.

- |   |  |
|---|--|
| <input type="checkbox"/> CHILD SUPPORT    | <input type="checkbox"/> SOCIAL SECURITY/SSI |
| <input type="checkbox"/> EMPLOYMENT       | <input type="checkbox"/> TANF/CASH           |
| <input type="checkbox"/> FINANCIAL AID    | <input type="checkbox"/> WIC                 |
| <input type="checkbox"/> LINK/FOOD STAMPS | <input type="checkbox"/> OTHER               |
| <input type="checkbox"/> MEDICAL CARD     |  |



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### Terms of Acceptance

Applicants selected to receive the Advocates for Adolescent Mothers Educational Empowerment Program and their parent/guardian must agree to the following terms of acceptance:

Terms of Acceptance	Parent/Guardian's Initials	Applicant's Initials
➤ Enroll in, and complete college courses with a GPA of 2.0 or higher on a 4.0 scale during fall and spring semesters/quarters of the 2014-2015 academic year.		
➤ Attend and participate in all Educational Empowerment Program workshops and receptions (in their entirety) in 2014 and 2015. <i>(It is the sole responsibility of the Program recipient to make transportation arrangements to get to and from the Educational Empowerment Program Workshops, as well as to secure safe child care provisions for their child(ren) while attending the Educational Empowerment Program Workshops.)</i>		
➤ Maintain regular communication with Educational Empowerment Program Director.		
➤ Complete surveys and questionnaires as requested throughout the academic/award year.		
➤ Provide Advocates for Adolescent Mothers with accurate contact information and update as needed.		

**Failure to adhere to these terms of acceptance may result in the forfeiture of the Educational Empowerment Program.**



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### APPLICANT CERTIFICATION

1. *I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will immediately notify Advocates for Adolescents Mothers if there are any changes to the information I have provided.*
2. *I understand that my application becomes the property of Advocates for Adolescent Mothers. I give Advocates for Adolescent Mothers permission to use my name, any photograph, and writings provided to the organization to be used in any of its publication materials, reports, press releases, and activities associated with its programs. I understand that all financial information is, and shall remain, confidential.*
3. *I understand that submission of this application constitutes permission to use my name and/or photographs for promotional purposes in all Advocates for Adolescent Mothers publications.*
4. *I understand that if I am select to receive an Educational Empowerment Program, I have the opportunity to earn a Program up to the amount of \$500. I understand that as a participant, I will receive \$250 at the completion of Fall 2014 and Spring 2015 Educational Empowerment Program workshop, unless otherwise notified by Advocates for Adolescent Mothers.*
5. *I understand that if I miss an Educational Empowerment Program workshop, I will forfeit my participation in the Educational Empowerment Program program.*
6. *I understand that Advocates for Adolescent Mothers reserves the right to rescind the offer of participation in the Educational Empowerment Program program to any participant at any time.*

---

Signature of Applicant

Date

---

Parent or Guardian Signature

Date





Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### Letter of Recommendation Form

Name of Applicant \_\_\_\_\_

Your Name \_\_\_\_\_

Relationship to the Applicant \_\_\_\_\_

#### **To the Recommender:**

Your candid assessment of the applicant named above will greatly assist the Program Review Committee. Your recommendation will be used solely for the purpose of determining whether or not, in the committee's best judgment, the applicant will be awarded an Educational Empowerment Program. **After completing this form (including the rating scale on page 11), please place it in an envelope, seal the envelope, and sign it across the seal.** Return it to the applicant who will forward it, unopened, to Advocates for Adolescent Mothers, with the application materials. Thank you for your cooperation.

#### **Recommender's Narrative:**

1. Please indicate the length of time and capacity in which you have known the applicant.
2. Your assessment of:
  - The Applicant's scholarship, personality, character, and professional promise.
  - The Applicant's strengths and weaknesses.

Feel free to attach an additional sheet of paper if needed.

---

---

---

---

---





Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### Letter of Recommendation Form

**Rate the Applicant:**

	POOR	AVERAGE	GOOD	OUTSTANDING	NO BASIS FOR JUDGMENT
Academic Performance					
Ability to work with others					
Responsibility					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Skills					
Leadership					
Motivation					
Maturity					

I verify that the applicant is a teen mother age 19 or younger.  Yes  No

I verify that the applicant is a young mother age 20 - 24.  Yes  No

Signature \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_



Advocates For Adolescent Mothers

P.O. Box 4324 | Chicago, IL | 60643 | [www.advocatesforadolescentmothers.com](http://www.advocatesforadolescentmothers.com)

## Educational Empowerment Program Application

### Applicant Checklist

- I have successfully completed the application form by responding to every field on the application.
- My parent/guardian and I have initialed on every row of the Terms of Acceptance on page 7, indicating that we agree to, and will comply with the all Terms of Acceptance.
- I have enclosed a copy of my official transcript OR a copy of my GED test scores and certificate as applicable.
- I have enclosed my signed and dated Advocates for Adolescent Mothers Photo Release Form.
- I have enclosed 2 dated and signed letters of recommendation using the recommendation form provided as directed.
- I have enclosed my essay addressing the essay questions provided in this application form.
- My parent/guardian and I have signed page 8 of the application.

APPLICATIONS AND SUPPORTING DOCUMENTS SHOULD BE MAILED TO:

Advocates for Adolescent Mothers  
Educational Empowerment Program  
P.O. Box 43234  
Chicago, IL 60643