



**DR. MARTIN LUTHER KING, JR. MENTORING PROGRAM**  
**Nita M. Lowey PA 21st Century Community Learning Center**  
Meadville Area Middle School  
974 North Street Extension  
Meadville, Pennsylvania 16335



**APPLICATION**

2020-2021

Dr. Martin Luther King, Jr. Mentoring Program Nita M. Lowey Pennsylvania 21st Century Community Learning Center is an extended day program at the Meadville Area Middle School. It is designed to work mainly one-on-one with students and to provide academic enrichment and character building. The offerings include Art Infusion, Community Speakers, Watershed Experiences, Exercise and Nutrition, Service Learning Corps, Skill Building, Tutoring, Year-end Celebration and Writing Projects. Students are able to spend time working on academics and other challenges unique to them; they must ride District-approved transportation home unless picked up by the parent. **As part of the Meadville Area Middle School, the program will adhere to the Crawford Central School District COVID-19 Guidelines.** The program is coordinated by Dr. Armendia P. Dixon, the director and Mr. Scott Lynch, the principal.

- I. The primary goals of the program are:
  - To assist the student in mastering his/her course work
  - To recognize the student's academic achievement by providing him/her with learning strategies for being successful
  - To sharpen the student's skills in such a way as to ensure his/her academic success
  - To provide character and community-building activities that promote positive social interactions
  - To provide incentives for the student to reach his/her academic goals
  - To maintain a connection with teachers and keep them informed about the progress of the students enrolled in the program
- II. The structure of the program is:
  - **The program will run weekly, Monday, Tuesday, Wednesday, and Thursday, from 3:30pm to 6:30pm, the same days as the Meadville Area Middle School Calendar.**
  - **Applications for the 2020-2021 School year are due on or before Monday, August 31, 2020.**
  - Students may enroll as open positions become available later in the year.
  - The program will accommodate 22 seventh graders and 22 eighth graders.
  - Students must obey all school rules both in school and during activities outside the school. Parents are always welcome to attend.

**APPLICATION QUESTIONS**

**GENERAL INFORMATION COMPLETED BY THE PARENT**  
**(PLEASE PRINT.)**

FULL NAME OF STUDENT: \_\_\_\_\_  
FIRST NAME, MIDDLE NAME, LAST NAME

PREFERRED NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

POD: \_\_\_\_\_

NAME OF PARENT(S): \_\_\_\_\_

HOME ADDRESS:

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PLEASE PRINT.

PHONE NUMBER (HOME) \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS

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PLEASE PRINT.

**EMERGENCY CONTACT INFORMATION**

NAME OF EMERGENCY CONTACT: \_\_\_\_\_  
PLEASE PRINT.

RELATIONSHIP TO STUDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
PLEASE PRINT.

PHONE NUMBER: (HOME) \_\_\_\_\_ PHONE NUMBER: (CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DOES YOUR SON/DAUGHTER HAVE ANY MEDICAL CONDITION(S) THAT ARE RELEVANT TO THE PROGRAM? IF SO, EXPLAIN.

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DOES YOUR SON/DAUGHTER HAVE ANY BEHAVIORAL DIAGNOSIS? IF SO, EXPLAIN.

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DOES YOUR SON/DAUGHTER HAVE ANY ALLERGIES? IF SO, EXPLAIN.

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IS THERE MEDICATION WE NEED TO KEEP ON HAND? \_\_\_\_\_

### **STUDENT CONTRACT**

I, \_\_\_\_\_, the student, commit to attending  
(Print name.)

the Dr. Martin Luther King Jr. Mentoring Program Nita M. Lowey PA 21<sup>st</sup> Century Community Learning Center, obeying school rules and devoting my best, if accepted.

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENTAL PERMISSION**

I, \_\_\_\_\_, the parents/guardian of  
(Print name.)

\_\_\_\_\_ the student, give him/her  
(Print name.)

permission to participate in the Dr. Martin Luther King Jr. Mentoring Program Nita M, Lowey PA  
21<sup>st</sup> Century Community Learning Center.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**PHOTOGRAPH RELEASE**

By signing below, I hereby authorize Dr. Martin Luther King Jr. Mentoring Program Pennsylvania  
21<sup>st</sup> Century Learning Center to publish photographs taken during the program and on  
program-sponsored outings. This includes the use of my child's name on these photos. Photos  
will be used to highlight the accomplishments of students and to promote the program in the  
community.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**If you would like more information about the Dr. Martin Luther King, Jr. Mentoring Program  
Nita M. Lowey PA 21<sup>st</sup> MLK Mentoring Program or have any questions/concerns, please  
contact:**

Dr. Armendia P. Dixon at [armendia.dixon1@gmail.com](mailto:armendia.dixon1@gmail.com)  
or 814-282-0634