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: ____________________________________________________

PLEASE PRINT.

PHONE NUMBER (HOME) ______________________ CELL: ______________________

EMAIL ADDRESS

________________________________________________...

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.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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

_________________________________________________________________________

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 21st 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
21st 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
21st 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 21st MLK Mentoring Program or have any questions/concerns, please
contact:

Dr. Armendia P. Dixon at armendia.dixon1@gmail.com
or 814-282-0634