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# A BETTER CHANCE, WILTON CT

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Application for School Year 2024-25



Please complete the following application to be considered for the ABC Wilton Scholar Program.

Please check the last page to ensure the application is complete with supporting documents.

Last date of submissions: Feb 1st, 2024

ABC WILTON, CT  
abcwiltonadmissions@gmail.com; IG: @abcwilton



Optional

### CANDIDATE APPLICATION

Scholars beginning in the Fall of 2024.

[Paste Photo Here]

## CANDIDATE AND FAMILY INFORMATION

### CANDIDATE INFORMATION

First name	Last name	Middle Name
Preferred name	Sex <b>F</b>	Date of Birth
Ethnicity		
Country of Birth	Citizenship	<b>US Citizen</b>
Current Grade <b>8</b>	Grade applying for in September 2023	
Home Address		
Candidate Email Address		
Candidate Cell phone		
Candidate Skype Address		

### SCHOOL HISTORY

Please list your current school and your previous school if any:

<b>Previous School</b> (if any)	<b>School Attended: 22-23</b>	<b>Current School: 23-24</b> (if different from 22-23)
Name of school	Name of school	Name of school
School type:	School type:	School type:
Grades Attended	Grades Attended	Grades Attended <b>8</b>
Address	Address	Address
School phone	School phone	School phone



**NAME OF APPLICANT**

**CANDIDATE AND FAMILY INFORMATION CONT.**

**FAMILY INFORMATION**

Candidate Lives With:  
How Many Siblings Does The Candidate Have?  
**Total Number Of People Living In The Household?**

**Parent/Guardian 1**

Relationship To Candidate:

Parent/guardian 1 Name

Country Of Birth

Home Address

Home Telephone

Cellular Telephone

Email Address

Occupation/job Title

Employer

Work Telephone

Highest Grade Completed

College Degree/certificate

**Parent/Guardian 2**

Relationship To Candidate:

Parent/guardian 2 Name

Country Of Birth

Home Address

Home Telephone

Cellular Telephone

Email Address

Occupation/job Title

Employer

Work Telephone

Highest Grade Completed

College Degree/certificate

Who should receive A Better Chance and Member School correspondence? Parent 1  Parent 2

**Check all that apply:**

- Parents are married
- Parents are divorced
- Parents are separated
- Single parent
- Parent/Guardian 1 is remarried
- Parent/Guardian 2 is remarried
- Parent/Guardian 1 deceased
- Parent/Guardian 2 deceased

**Custody of child (check what applies):**

Joint                      Mother                      Father



**NAME OF APPLICANT:**

**PARENT/GUARDIAN QUESTIONNAIRE**

**ABOUT YOUR CHILD**

We believe that we best serve our students' when we work collaboratively with our parents/guardians. We consider parents/guardians to be partners in the process and the Member schools with which we work also view their relationships with parents/guardians in the same way. Please complete the following questions with that in mind.

Please tell us about your child. What are his/her strengths and weaknesses, talents and extracurricular interests?



**NAME OF APPLICANT:**

**PARENT/GUARDIAN QUESTIONNAIRE CONT.**

Is your child resilient? how does he/she handle setbacks and disappointments and what has he/she learned from such experiences?

Why are you pursuing this opportunity? What are your expectations of your child’s experience at a Member School?



**NAME OF APPLICANT:**

**PARENT/GUARDIAN QUESTIONNAIRE CONT.**

We believe that we best serve our students' when we work collaboratively with our parents/guardians. We consider parents/guardians to be partners in the process and the Member schools with which we work also view their relationships with parents/guardians in the same way. Please complete the following questions with that in mind.

To ensure that we serve your child in the best way possible, it is important for us to know if your child has faced any particular challenges as a learner. For instance, does your child have an IEP or a 504 plan? Please take the time below to tell us about any psycho-educational evaluations, educational testing, and/or counseling your child has undertaken.

Please describe any health conditions that may affect your child's ability to succeed at one of our Member Schools.



**NAME OF APPLICANT:**

**PERSONAL STATEMENT**

Personal Statement: In the space below, write a personal statement (100-200 words). The personal statement should highlight your strengths, anything that is unique or impressive about you, and allow the selection committee to see what details of your life help set you apart from other candidates. Additionally, you should use the opportunity to discuss any unusual obstacles or hardships that you have had to overcome and what personal characteristics (for example, integrity, compassion, and/or persistence) you possess that would improve your prospects for success. (If you are not typing your answers directly into the form, use additional sheets of paper if necessary.)

DATE DUE: FEBRUARY 1, 2024



**NAME OF APPLICANT:**

**CANDIDATE ESSAY**

**EXPOSITORY ESSAY (300-500 WORDS)**

Topic: What do you consider to

be the most interesting thing about yourself? Tell us something about your background, identity, interest, or a talent that is so meaningful to you that your application would be incomplete without it.





**CANDIDATE RÉSUMÉ**

**APPLICANT NAME:**

**ACADEMIC HONORS & RECOGNITION**

**Certificate of Achievement (Award / Dates)**

**Description:**

**Certificate of Achievement (Award /Dates)**

**Description:**

**Certificate of Achievement (Award /Dates)**

**Description:**

**NON-ACADEMIC ACTIVITIES**

**CLUBS**

**Club (Name /Dates)**

**Description:**

**Role:**

**Club (Name / Dates)**

**Description:**

**Role:**

**SPORTS**

**Sport (Name / Dates)**

**Description: Role:**

**Sport (Names / Dates)**

**Description:**

**Role:**



**COMMUNITY SERVICE & VOLUNTEER ACTIVITIES**

**Activity (Name / Dates)**

**Description.**

**Role:**

**Activity (Name / Dates)**

**Description:**

**Role:**

**Activity (Name / Dates)**

**Description:**

**Role:**



# City/State Testing Exemption Form (If Applicable)

\* This field is required

**Instructions for the Applicant:**

**You should only complete this form if you did NOT take any city/state standardized test(s) for the 2023-2024 school year. Do not complete/submit this form if you will be submitting your test results to A Better Chance.** This form must be signed by both the parent/guardian and a school administrator to verify that a test was not taken or administered for the requested year(s). Examples of standardized tests include: ERB, MAP, CAASP, PAARC, STAAR, MCAS, PSSA, Milestones.

City and state testing reports are important in understanding your overall academic performance and are required to complete your application. If testing results are available, submit them to Admissions and leave this form blank. If you are unsure as to which test(s) you have taken, you may verify with the school or visit your state’s Board of Education website.

Current Grade\*



**To the Parent/Guardian:** Complete this section of the form and then click submit. Return to the main page to print a copy of the form and have it signed by a school administrator.

Select a check box and sign below, then submit and print a copy of the completed form to be signed by the school: \*

- The school did not administer standardized tests for the 2023-2024 school year
- My family opted out of testing for my child
- Other (*list reason below*)

By signing this form, I affirm that the student named above did not take any standardized exams for the requested school year.

Parent/Guardian Name\*: \_\_\_\_\_

Signature\*: \_\_\_\_\_

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



## A Better Chance Application

APPLICANT NAME:

### DECLARATION

PLEASE READ THE FOLLOWING PLEDGE IN ITS ENTIRETY.

I declare that:

1. The information in this application is true, correct, and complete.
2. I understand that A Better Chance reserves the right to withdraw my child's application from consideration if any information provided by me is later revealed to be untrue.
3. Upon receipt, this application is property of A Better Chance and it will not be forwarded to non-Member Schools, or returned or provided to the family of the candidate. As such, I waive my right to read confidential recommendations.
4. I understand that all information is treated as confidential.
5. I understand that acceptance to the cohort is not guaranteed and is based on the relative strength of all parts of the application when viewed as a whole.
6. I understand that even if accepted to the cohort, my child may lose the ability to be referred if A Better Chance learns of inappropriate behavior or if my child's overall academic profile takes a turn for the worse.
7. I understand that final admission offers will come from the Member Schools.
8. I acknowledge that A Better Chance does not provide financial aid and understand that need-based resources come directly from the Member Schools.
9. I will immediately notify A Better Chance if I decide to apply to additional schools on my own, so that A Better Chance can advocate most effectively on my behalf.
10. I authorize my child's current and past schools to release school records, including official transcripts and the results of academic testing, to A Better Chance.
11. As I work through this process, and in the event of my child's placement with a Member School, I authorize the sharing of confidential information, on an annual basis, including but not limited to, official transcripts, academic testing, social adjustment reports, and financial aid information with A Better Chance, their participating Member Schools, and other authorized persons affiliated with the program.
12. In the event of my child's placement with a Member School, I authorize A Better Chance staff and other authorized persons affiliated with the program to meet with my child at their Member School, individually or in a group.
13. I understand that if my child is placed and s/he becomes an A Better Chance Scholar that there is an expectation of my family to participate in the activities of A Better Chance and, as such, my family is willing to be active in my region, and I/we are willing to be active members of our local Parent-as-Partners organization (refer to the Family Expectations section of this application).
14. In the event that my child is placed at a Member School, my child will attend the mandatory New Scholar Orientation the summer before starting at the new school.
15. In the event that my child is not placed at a Member School, I understand that A Better Chance may recommend him/her to other education access organizations.

**[X] By checking this box and entering my name in the signature field below, I indicate that I have read and that I understand and agree to each of the statements above.**

**Keep a copy of this signed statement along with the rest of your application, for your records.**

\* Parent/Guardian Signature:

\* Date:



***Checklist of Documents to be required to consider the application completed:***

- 1) Prior year Tax filing for both parents***
- 2) Graded English essay from school year***
- 3) Writing samples that you'd like to share with us***
- 4) Recommendations from current school teachers – Math and English Teacher recommendations are required. (feel free to share more)***
- 5) Online link for Math Teacher recommendations***  
***<https://forms.gle/SascrJBHLFzaiA8x6>***
- 6) Online link for English Teacher recommendations***  
***<https://forms.gle/vCeKsPQi5qm1qsXT9>***