



Engage. Educate. Elevate.

Dear Prospective HEAF Family,

We are delighted that you have decided to apply to the Harlem Educational Activities Fund. As you know, HEAF is a college preparatory and youth leadership organization created to help motivated New York City students develop the intellectual curiosity, academic ability, social values and personal resiliency they need to ensure success in school, career and life. HEAF identifies students in middle school and supports them until they are successfully admitted to four-year colleges through a variety of after-school, Saturday and summer educational and leadership programs.

Over the years, HEAF students have gone on to succeed at many of the nation's most competitive colleges and universities. They are successful because HEAF partners with schools and families to make a long-term investment in helping students develop the confidence and skills they will need to obtain a college degree and enter the workforce. Our menu of programs includes: college visits that begin in middle school; rigorous math and English Language Arts instruction; a variety of interesting elective classes that includes theater, science, law, business, and others; national and international service tours; and leadership development training.

Please read through this application carefully and visit our website for more information about specific activities. We look forward to reviewing your application.

Sincerely,

A handwritten signature in cursive script that reads "Danielle Moss Lee".

Danielle Moss Lee
President and CEO



Our Mission

The Harlem Educational Activities Fund, or HEAF, is a comprehensive, non-profit supplemental education and youth development organization that helps dedicated public school students from Harlem and the surrounding communities develop the intellectual curiosity, academic ability, social values and personal resiliency they need to ensure success in school, career and life. HEAF identifies students in middle school and supports them until they are successfully admitted to four-year colleges through a variety of after-school, Saturday and summer educational and youth development programs.

Our Core Values

- We believe that young people who receive the appropriate guidance, support and encouragement have the capacity to positively impact their peers, families and communities.
- We believe that young people can increase their life options and opportunities through rigorous academic enrichment and leadership development.
- We believe that collaborative partnerships with families are integral to student success.
- We believe in the value of parents as active partners in the social and intellectual development of young people.
- We believe that schools and communities are key partners in the development of tomorrow's leaders.
- We believe that professional staff must model a high standard of excellence, responsibility and accountability in their interactions with students, families and colleagues.

Admissions Criteria:

- ___ Commitment to attend a competitive NYC public high school.
- ___ Grade Point Average of 80% or better. A minimum of 80% in all major subjects with no grade below 75% in any subject.
- ___ Score of 3 or 4 in Math and English Language Arts on state standardized tests.
- ___ Good school attendance.
- ___ Strong character and leadership potential.



Student Information

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

DATE OF BIRTH: / / AGE: _____ SEX: MALE FEMALE

ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE#: _____ CELL PHONE#: _____

EMAIL ADDRESS: _____

SCHOOL: _____ CURRENT GRADE: _____

SCHOOL ADDRESS: _____

DOES YOUR CHILD QUALIFY FOR FREE OR REDUCED LUNCH? YES NO

IS YOUR CHILD A U.S. CITIZEN? YES NO IF NO LIST STATUS: _____

CHILD'S SOCIAL SECURITY#: — —

OPTIONAL *

RACE/ETHNICITY:

BLACK HISPANIC OR LATINO WHITE ASIAN

OTHER (PLEASE SPECIFY) _____

COUNTRY OF ORIGIN: _____

PARENTS' HIGHEST LEVEL OF EDUCATION:

GED HIGH SCHOOL DIPLOMA SOME COLLEGE/ASSOCIATES DEGREE

BA/BS GRADUATE DEGREE

HOUSEHOLD INCOME (PLEASE CHECK ONE): UNDER \$16,000 \$16,000 - \$30,000

\$30,000 - \$50,000 OVER \$50,000

*ANSWERS WILL NOT AFFECT YOUR CHILD'S ELIGIBILITY.

H E A F A P P L I C A T I O N



Parent/Guardian Information

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE#: _____ EVENING PHONE#: _____

LANGUAGES SPOKEN IN THE HOUSEHOLD: _____

IN WHICH EXTRACURRICULAR ACTIVITIES DOES YOUR CHILD CURRENTLY PARTICIPATE? _____

HOW DO YOU THINK YOUR CHILD CAN BENEFIT BY PARTICIPATING IN THIS PROGRAM? _____

WHAT ARE YOUR HOPES FOR YOUR CHILD'S FUTURE? _____

I certify that the information provided herein is true and accurate. I understand that admission is offered at the discretion of HEAF, following a review of the completed application and based on space availability, and that my child may be placed on a waiting list. All starting dates are assigned at the discretion of the HEAF staff.

Parent/Guardian's Signature: _____

FOR OFFICE USE ONLY

DATE RECEIVED: _____ REVIEWED BY: _____

APPLICATION COMPLETED ESSAY TEST SCORES REPORT CARD

INTERVIEW DATE: / / START DATE: / / ENROLLMENT CARD RECEIVED: / /

H E A F A P P L I C A T I O N



Emergency Contact Information

Emergency Contact #1

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE#: _____ EVENING PHONE#: _____

DAY PHONE#: _____ EMAIL ADDRESS: _____

LANGUAGE SPOKEN: _____

Emergency Contact #2

FIRST NAME: _____ M.I.: _____ LAST NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE#: _____ EVENING PHONE#: _____

DAY PHONE#: _____ EMAIL ADDRESS: _____

LANGUAGE SPOKEN: _____

Medical Information

PRIMARY CARE PHYSICIAN AND #: _____ HEALTH INSURANCE: _____ POLICY#: _____

MEDICATIONS YOUR CHILD IS TAKING: _____

MEDICAL CONDITIONS THAT MAY HINDER PARTICIPATION IN SOME ACTIVITIES: _____

GENERAL RELEASE

If I cannot be reached and my child _____ requires emergency treatment, either because of illness or accident, I hereby authorize HEAF to call in a physician or to take my child to a hospital or physician's office for this purpose. Photographs and videos in which my child appears may be used by HEAF for philanthropic, publicity and promotional purposes.

Signature of Parent or Guardian: _____ Date: _____

Print Name: _____



Does your child have:

- A commitment to attending a competitive NYC public high school?
- A Grade Point Average of 80% or better with no grade below 75% in any subject?
- A score of 3 or 4 in Math and English Language Arts on state standardized tests?
- Good school attendance?
- Strong character and leadership potential?

Have you:

- Read and understood HEAF's mission and core values?
- Completed the HEAF Application?
- Attached your child's latest report card to your completed application?
- Attached your child's standardized test scores to your completed application?

If you and your child have completed the application and met the above-mentioned criteria, please send all materials to:

Harlem Educational Activities Fund

Attention: Admissions Office

2090 7th Avenue, 10th Floor

New York, NY 10027

We are committed to reviewing each application carefully in accordance with our eligibility requirements. All NYC students attending underserved public or parochial schools may apply. However, those living or attending public schools in the communities of Harlem, Washington Heights and the Bronx will be given priority.



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**Harlem Educational
Activities Fund, Inc.**

2090 Seventh Avenue
10th Floor
New York, NY 10027

Phone 212-663-9732

Fax 212-663-9736

Web www.heaf.org