2024-25 Doorway to College ACT Prep Seminars

*Sponsored by*

**Greater Nashville Alliance of Black School Educators (GNABSE)**

***Date:*** February 22, 2025 ***Time:*** 8 am – 2 pm

***Location:*** First Baptist Church Capitol Hill ---- 625 Rosa L. Parks Blvd. Nashville, TN 37203

***Student Application***

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade (Circle): 10th 11th 12th

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (circle) home cell

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(please print clearly)

Have you taken the ACT before? (circle one) yes no If yes, in what grade? (Circle) 10th 11th 12th

If yes, what was your score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

What are your future education plans? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Sponsor’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ The StudentSponsor may be a parent/guardian/mentor, teacher, counselor, community liaison, or Church representative. Students are expected to be present for the entire session.

**Parent/Guardian Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Approval Signature**

I give approval, for my child to participate in the Doorway to College ACT Prep Seminar. I understand that I will be responsible for transportation to and from the seminar. In case of an unforeseen circumstance and my child is unable to attend the seminar, I will notify Mr. Crenshaw (615-604-6171) at least 24 hours prior to the seminar.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Seminar Cost/Scholarship Opportunities**

* Seminar cost is $90.00 per student. Limited scholarships are available to students on a first come, first served basis. Contact your Sponsor and/or check the **box** for additional information.

Please return Application to a GNABSE representative, **Or** mail to **GNABSE - P.O. Box 280233, Nashville, TN 37228,** on or before February 12, 2025.