

# AMERICAN EXPLORERS APPLICATION FORM

## Class of 2021



Dear Student,

Congratulations on having the courage to consider American Explorers as a way to challenge yourself and explore your potential to become an exceptional leader! We need exceptional leaders who will shape the future and create a better world for all of us. American Explorers aims to help you become the leader that you envision for you, your family, school and community.

The first step to becoming an American Explorer is completing your application with care. This is a very important first step in the process to becoming an American Explorer and if you have any questions about the application process, please feel free to contact us.

American Explorers must receive your completed application by Friday, December 2, 2016. Before you submit your application, please make sure that it's complete. Please make a copy of your application before you send it, just in case it is lost or damaged in the mail. Students must be able to attend an interview session scheduled for Saturday or Sunday, January 14<sup>th</sup> or 15<sup>th</sup> from 9:00 am – 3:00 pm.

American Explorers is focusing on young leaders from Atlanta's Westside neighborhoods.

### **You may apply to American Explorers if:**

- You reside in any of the following zip codes: 30310, 30311, 30314 or 30318; and
- You are in the eighth 8<sup>th</sup> or 9<sup>th</sup> grade.

We greatly appreciate your interest in becoming an American Explorer.

Sincerely,

*Kaamel Nuri*

Kaamel Nuri  
Program Manager

Please make sure your application includes these required items:

- Application - completed and signed by student & parent (Blue)
- Copy of most recent grade report or transcript
- Essay on a separate piece of paper
- Recommendation from teacher, coach, etc. (Red)
- Approval from school administration (Green)

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**APPLICANT INFORMATION**

\_\_\_\_\_ MI \_\_\_\_\_ DOB (mm/dd/yy) \_\_\_\_\_ Age \_\_\_\_\_ Gender

First Name Student's Last Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

Home Address

\_\_\_\_\_ Neighborhood *(Atlanta University Center (AUC), Ashview Heights, Bankhead, Castleberry Hill, English Avenue, Grove Park, Vine City, Washington Park)*

\_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone

\_\_\_\_\_ Student's Email \_\_\_\_\_ Twitter \_\_\_\_\_ Instagram \_\_\_\_\_ Snapchat \_\_\_\_\_ Facebook

\_\_\_\_\_ School Currently Attending \_\_\_\_\_ Grade

\_\_\_\_\_ Nominating Organization/School/Church, etc.

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**PARENT/GUARDIAN/FAMILY INFORMATION**

\_\_\_\_\_ Name(s) of Adult(s) with Whom this Student Lives

\_\_\_\_\_ Relationship to Student

\_\_\_\_\_ Female Parent/Guardian Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

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

\_\_\_\_\_ Male Parent/Guardian Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

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

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**ADDITIONAL STUDENT/FAMILY INFORMATION (all information will be kept confidential)**

**ADDITIONAL CONTACT (another adult who can be contacted in case of emergency)**

\_\_\_\_\_  
Name of Emergency Contact

\_\_\_\_\_  
Relationship to Student

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Cell Phone

**Student's Ethnicity, please circle:**

African American                      Caucasian

American Indian                      Hispanic

Asian                      Other

Other, please specify \_\_\_\_\_)

**Primary Language Spoken at Home, please circle:**

English      Spanish      Other \_\_\_\_\_

**Members of Student's Household, please circle:**

Mother      Father      Siblings (#) \_\_\_\_\_

Grandparents      Other \_\_\_\_\_

<b>Please circle:</b>		
Can you swim?	Yes	No
CPR/First Aid certified	Yes	No

**Annual household income (please include all family members' contributions):**

Less than \$10,000       \$10,000 - \$49,999       \$50,000 - \$99,999       \$100,000 and above

<p><b>Check boxes for each time slot <u>you are available:</u></b></p> <p><u>Summer Sessions:</u></p> <p><input type="checkbox"/> June 7 – June 28, 2017</p> <p><input type="checkbox"/> June 23 – July 14, 2017</p>
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**STUDENT SECTION – THIS SECTION TO BE COMPLETED BY STUDENT**

Please tell us why you would like to participate in the American Explorers leadership program.

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Name three people you identify as leaders. What trait(s) makes them leaders?

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What's the best and worst thing about being a teen?

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If you were principal for a day at your school, what would be the one thing you would change and why?

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Have you been suspended, expelled or had disciplinary actions issued by the juvenile justice system within the past year? (Circle Y/N) If yes, please explain.

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**STUDENT ESSAY AND GRADE REPORT – BOTH ITEMS MUST BE INCLUDED WITH YOUR APPLICATION TO BE CONSIDERED FOR ADMISSION TO AMERICAN EXPLORERS.**

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**ESSAY (Please write on separate sheet of paper and include with your application)**

Describe the most challenging situation that you have experienced in your life. What happened?  
How did you overcome this situation and who helped you along the way?  
What did you learn about yourself through the process?

- Give your best effort. Your essay is an important part of your application.
- Applications without essays will not be considered.
- Essays should be 1-2 pages in length.
- Type your essay, if possible.
- Please sign and print your name on the essay.

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**Grade Report/Transcript**

Attach a copy of your most recent grade report. If you do not have a copy, please request one from your school. Application would be considered incomplete if not included.

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**Student & Parent/Guardian Signature Required**

In signing this document, I am expressing my interest in being part of the American Explorers program. I understand that American Explorers is a three – four year leadership development program and I want to be a positive leader in my community.

If I am selected, I am prepared to attend a 3-week program in North Carolina this summer that includes wilderness backpacking and a leadership-training curriculum. I commit to giving my best effort in exploring my leadership talents and to respecting the journeys of my fellow American Explorers.

I certify that facts contained in this application are true and complete to the best of my knowledge and I understand that falsified statements on this document will automatically eliminate any opportunity for consideration and are grounds for termination from the program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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**Parent/Guardian Initial & Signature Required**

Please indicate below your willingness to support your child throughout the admissions process.

**Please initial each item below to indicate your agreement:**

\_\_\_\_\_ **Support for Student's Application**

- I understand that American Explorers provides a challenging leadership development program that includes a twenty-two day wilderness expedition. I support my child's application to become an American Explorer.

\_\_\_\_\_ **Consent to Participate in Interviews**

- I approve of my child's participation in the individual and group interviews.

\_\_\_\_\_ **Consent to Use Photographs**

- I give my consent to the American Explorers program and Arthur M. Blank family businesses to take my child's picture for identification purposes during the application process. I give the aforementioned permission to use my child's photos, images, film footage and/or voice recording in its marketing materials, promotional films, audio broadcasts, or displays, etc.

American Explorers hereby certifies that it will respect the confidentiality rights of every student who participates in this program. The confidentiality of each student's information is strictly maintained to protect the privacy rights of the parents and students. American Explorers pledges it will not discuss or otherwise communicate any form of information concerning the care or condition of any student with unauthorized individuals. As the parent or guardian of applicant, my signature below gives American Explorers permission to share information relating to student with its agents as deemed necessary.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Please return this application to American Explorers by Friday, December 2, 2016.**

**American Explorers**  
**3223 Howell Mill Road, NW**  
**Atlanta, GA 30327-4105**  
Phone - 404-367-2061  
Fax - 866-888-2237  
**info@americanexplorers.org**