

Breakthrough Manchester



Breakthrough Manchester at The Derryfield School
Phone: 603/641-9426 Fax: 603/641-9521

2108 River Road, Manchester, NH 03104
www.breakthroughmanchester.org

APPLICATION FOR ADMISSION Class of 2017

Instructions

1. Attend a REQUIRED FAMILY INFORMATION SESSION. We require that you come with a parent or guardian as part of the application process. The sessions will be held at The Derryfield School (address below & directions available on our website). Choose ONE of these dates* (no need to RSVP):

- Thursday, February 18, 6:00 - 7:00pm
Vamos a tener interpretacion en español disponible en esta reunion. Spanish interpretation available at this session.
- Saturday, February 20, 11:00am - 12:00pm
Buoi hop nay se duoc trinh bay bang tieng Viet va tieng Anh. Vietnamese interpretation available at this session.
- Monday, February 22, 4:00 - 5:00
- Tuesday, March 2, 6:00 - 7:00pm

**If we need to cancel one of these sessions due to weather, we will post a rescheduled date on our website.*

2. Complete the STUDENT STATEMENT in your own handwriting. Be sure to write in pen, not in pencil. We suggest you do a rough draft and show it to someone before you fill out the final version on the application. Also, please send a snapshot of yourself.

3. Have your parent(s) or guardian(s) complete the PARENT/GUARDIAN STATEMENT and AGREEMENT.

4. Give a CURRENT academic teacher the TEACHER REFERENCE FORM along with a stamped envelope addressed to Breakthrough so your teachers can mail the completed form directly to our office.

5. Have your parent(s) or guardian(s) sign the GRADES & TESTING RELEASE FORM. Please give this form with a stamped envelope to either your counselor or your principal so your fourth and fifth grade report cards and test scores can be sent by your current school to our office.

Mailing Address: BREAKTHROUGH MANCHESTER, 2108 River Road, Manchester, NH 03104

YOUR CHECKLIST:

- ATTEND one of the REQUIRED FAMILY INFORMATION SESSIONS with a parent or guardian
- STUDENT STATEMENT sent in
- PARENT/GUARDIAN STATEMENT and AGREEMENT sent in
- SNAPSHOT attached to application and sent in
- TEACHER REFERENCE FORM given to your current teacher
- GRADES & TESTING RELEASE FORM given to counselor or principal
- INTERVIEW (to be scheduled by the Breakthrough Office after we receive your application)

**Your application must be completed and postmarked by March 15.
Student admission results will be mailed to all applicants on April 23.**

For more information visit www.breakthroughmanchester.org, or contact Trevor Munhall, Assistant Director at tmunhall@derryfield.org or 603/641-9426.

--KEEP THIS PAGE FOR YOUR REFERENCE--

FREQUENTLY ASKED QUESTIONS ABOUT APPLYING TO BREAKTHROUGH

What if I want to apply, but the application is difficult?

The application is designed to be a challenging learning experience. For extra encouragement, call or come by the Breakthrough Office. Check out our website at www.breakthroughmanchester.org for inspiration!

What stops many interested students from applying?

The three biggest reasons are:

- 1) students worry their friends won't apply
- 2) students procrastinate and forget the deadline - it is March 15
- 3) it can be scary to apply to a competitive program for the very first time

Is it difficult to get accepted into the program?

In the past, there have been many more qualified applicants than there are spaces in the program. Thus, getting selected is often a matter of chance. Because we can only accept 35 students, many talented students who love learning are turned away each year. The goal of the Admissions Committee is to select an academically motivated class that is economically and ethnically diverse. Special consideration is given to those applicants who come from backgrounds with limited economic resources and opportunities and/or will be the first generation in their family to earn a four-year college degree. If not getting a space will make you upset, we suggest you not apply.

What type of students do not get accepted into the program?

Remember that applying to Breakthrough is taking a positive risk. You may or may not get accepted, but it is always worthwhile trying out for new adventures. All students who apply to Breakthrough are ambitious, talented, and want to go to college. While we cannot accept every student who applies, we have great respect for applicants for taking such a great positive risk and we know that anyone who pushes themselves can get to college.

Any important advice?

Do your best work on your application but be sure to have fun with it, too. Write in pen, not pencil. Do a rough draft so your writing is your best. Be yourself!

REQUIRED

Information Sessions for Families

Please choose ONE of the following sessions to attend:

Thursday, February 18, 6:00 - 7:00pm

Saturday, February 20, 11:00am - 12:00pm

Monday, February 22, 4:00 - 5:00pm

Tuesday, March 2, 6:00 - 7:00pm

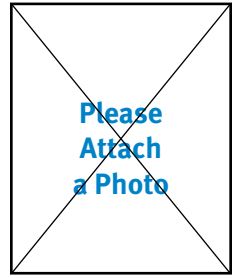
THE DERRYFIELD SCHOOL - MAIN ENTRANCE

2108 RIVER ROAD, MANCHESTER

Learn more about the seven-year commitment we expect from students and families. This is a required part of the application process.

Student Statement

Please consider me for the Breakthrough Manchester Program. If I am accepted, my family and I will not plan special events during the dates and times of the summer session. We know that this is a commitment during the summers after fifth and sixth grade, during the school years of sixth and seventh grade, and the high school program in eighth through twelfth grades. **The following application has been written by me without help from another person.** *(Please handwrite; do not type! Remember to write in pen.)*



STUDENT SIGNATURE _____

FULL NAME _____ FIRST NAME _____ MIDDLE _____ LAST _____ PREFERRED NAME _____ (if applicable)

ADDRESS _____ # Street _____ Apt. # _____ City _____ State _____ Zip _____

DATE OF BIRTH (mm/dd/yyyy) _____ SEX (circle one): Male Female

PLACE OF BIRTH (City, State, Country) _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

RACE/ETHNICITY (select all that apply):
 African/African American Middle Eastern
 American Indian or Alaska Native Pacific Islander
 Asian/Asian American Southeast Asian
 Latino or Hispanic White or Caucasian
 Other _____

IF YOU ARE RELATED TO A BREAKTHROUGH STUDENT OR TEACHER PLEASE LIST WHO AND HOW THEY ARE RELATED TO YOU:

CURRENT SCHOOL _____

NAME OF ACADEMIC TEACHER WHO IS COMPLETING YOUR TEACHER REFERENCE FORM:
Name _____ Subject _____

NAME OF COUNSELOR OR PRINCIPAL WHO WILL SEND YOUR GRADES AND TEST SCORES:
Name _____

NAME AND LOCATION OF PREVIOUS SCHOOLS YOU HAVE ATTENDED STARTING WITH FIRST GRADE:
1. School _____ City _____ Grade(s) _____
2. School _____ City _____ Grade(s) _____
3. School _____ City _____ Grade(s) _____

How did you first hear about Breakthrough Manchester? _____

Short Answer

1. School in the summer? Homework? Wow! Why are you applying?

2. What subject do you enjoy most in school? Please check one:

Language Arts Math Science Social Studies Other: _____

3. What subject is the most difficult or challenging for you? Please check one:

Language Arts Math Science Social Studies Other: _____

Please explain why this subject is difficult for you and what steps you have taken to improve in this class.

4. On average, how much time do you spend on homework each night? Please check one:

less than 30 minutes half hour one hour 1.5 hours 2 hours more than 2 hours

5. If you were a teacher, how many hours of homework per night do you think a middle schooler should have and why?

6. My schoolwork and homework are usually: easy just right challenging too hard

7. How many hours per week do you spend reading for pleasure (this means reading books, magazines, and/or newspapers you **DO NOT** have to read for school)? Rarely 1 hour 2 hours 3 hours +

8. What is your favorite book and why do you like it?

9. When you are not doing schoolwork, what do you like to do in your free time?

10. What are your very best qualities?

11. What are some things that make you laugh?

12. What are some things that make you unhappy?

13. The thing that makes me different from most people I know is that I...

14. Name a person you especially admire, and tell us why you admire him/her.

15. Please describe your dream job and what you need to do to make this dream a reality.

16. This summer, if I do not participate in Breakthrough Manchester, I will most likely:

17. What would you do on a Magical Day, a day when you could be anybody you wanted to be, go anywhere you wanted to go, or do anything you wanted to do?

18. Describe a time when you were a leader. What was the biggest challenge you faced?

Creative Expression

Use the box below to tell us about yourself. Fill it up! Use your creativity! You can put anything here.

A large, empty rectangular box with a black border, intended for a student to write or draw about themselves. The box is currently blank.

Parent/Guardian Statement

Parents'/Guardians' Information:

Mother Step-Mother
 Guardian (relationship?): _____

Father Step-Father
 Guardian (relationship?): _____

Custodial Parent/Guardian: Yes No

Custodial Parent/Guardian: Yes No

_____	First Name	_____
_____	Last Name	_____
_____	Address 1	_____
_____	Address 2	_____
_____	City, State Zip	_____
_____	Home Phone	_____
_____	Cell Phone	_____
_____	Email	_____
_____	Occupation	_____
_____	Title	_____
_____	Employer	_____
_____	Work Phone	_____
_____	Work Address	_____
_____	City, State Zip	_____

Highest level of education completed:
 Grade _____ High School/GED
 Two-Year/Voc/Tech Degree Four-Year College
 Master's Degree Doctoral Degree

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 Grade _____ High School/GED
 Two-Year/Voc/Tech Degree Four-Year College
 Master's Degree Doctoral Degree

If attended college or university...
School Name: _____
Location: _____

If attended college or university...
School Name: _____
Location: _____

Parents/Guardians are: Married/Partnered Single Separated Divorced Widowed
If divorced or separated, to whom should correspondence be sent? _____

Primary language spoken at home: _____

Other languages spoken at home: _____

Is your child eligible for: Free Lunch Reduced Lunch Neither

Annual Household Income: Less than \$10,000 \$10,001 - \$20,000 \$20,001 - \$30,000
 \$30,001 - \$50,000 \$50,001 - \$70,000 \$70,001 or above

How many total people live in the student's primary household (including student and guardians)? _____

Please list all children living in the home or other dependents (attach separate sheet if necessary):

Full Name	Age	Current Grade	School or Occupation

What special activities is your child involved in or experienced in that are particularly important to you and him/her (e.g. piano lessons, gymnastics, church group, baseball, summer camps, youth club, judo, etc.). Please list in order of importance:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

On average, how much time does your child spend on homework each night?
 less than 30 minutes half hour one hour 1.5 hours 2 hours more than 2 hours

Ideally, how much time do you think your child should spend on homework?
 less than 30 minutes half hour one hour 1.5 hours 2 hours more than 2 hours

Why would you like your child to be a Breakthrough Manchester student?

Please describe your child's strengths, talents, and abilities.

What are your hopes and dreams for your child, and how do you think Breakthrough will help your child be prepared for the future?

Please explain any other personal circumstances in your family that should be considered by the Breakthrough Admissions Committee (attach a separate sheet if you need more space).

Agreement of Commitment

Your child is applying to Breakthrough Manchester, part of the Breakthrough Collaborative, a tuition-free education program that makes a seven-year commitment to help students prepare for college. Breakthrough seeks highly motivated students to participate in two six-week summer sessions (one after fifth grade and one after sixth grade) a school year program in sixth and seventh grade (eighth grade is optional) and supplementary school year and summer programs from eighth grade through high school graduation.

2010-2011 REQUIRED DATES	
Orientation Day	Saturday, May 8 (required for students and parents/guardians)
Summer Session	June 28 - August 6, Monday through Friday* (required for students)
Back To School Night	Thursday, July 8 (required for parents/guardians)
Parent Conferences	Tuesday, July 20 (required for parents/guardians)
Celebration	Saturday, August 7 (required for students and families)
Super Saturdays	8 Saturday sessions from October to May (dates and times TBD)
Tutoring	Required for students earning unsatisfactory grades during the school year

**There is no Breakthrough on Monday, July 5 in observance of the Independence Day holiday.*

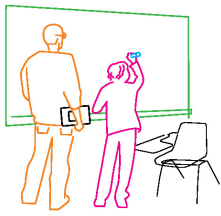
Daily Attendance is Required: The dates of the program are in the box above. If your child is accepted to the program and decides to enroll, you will need to plan family events and your child’s doctor visits around these dates. YOU MAY NOT SCHEDULE VACATIONS DURING THE PROGRAM DATES. Missing scheduled Breakthrough dates could lead to dismissal from the program. Except in the case of illness, attendance is mandatory.

Will you be able to clear your child’s schedule so that s/he may participate fully in Breakthrough this summer? Yes No If no, please explain conflict(s):

In addition to two summer sessions, Breakthrough involves a monthly Saturday morning program, parent conferences, high school and college planning and other forms of continuing communication. Will you and your child be able to fully participate in ongoing programing in the coming school year and future years? Yes No If no, please explain reservations:

I understand the commitment that my child and I are making to Breakthrough. Should my child be accepted into the program, I will plan my family events around Breakthrough sessions. I understand my child’s attendance is mandatory. I will participate to the best of my ability in Breakthrough’s family events.

Parent/Guardian Signature Date



Breakthrough Manchester



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www.breakthroughmanchester.org

Teacher Reference Form

Must be postmarked no later than March 15.

To the Parents/Guardians: By signing below you give permission for your child’s teacher to offer his/her confidential recommendation to the Breakthrough Admissions Committee.

Parent/Guardian Signature _____ Date _____

Student’s Name _____ School _____

Teacher’s Name _____ Subject(s) _____

To the Teacher: The student above is applying to Breakthrough Manchester, a tuition-free, seven-year academic enrichment program. The program seeks motivated, talented students to participate in its two six-week summer sessions (one after fifth grade and sixth grade) and its school-year Saturday and after-school programs. Special consideration will be given to those applicants who come from backgrounds with limited economic resources and/or will be the first generation in their family to attain a four-year college degree.

We understand that confidentiality is a must; your evaluation will not be shared with or referred to in our communications with the applicant or his/her family. Your comments will be used for admission and placement purposes only. Please return this form no later than March 15 to the above address. If you have questions or would like to share additional information by phone, please feel free to call us at 603/641-9426 with your thoughts. Thank you for your help in this process; we appreciate your input.

Please circle the response which best suits the student in relation to the other students you teach.

	Exceptional	Good	Average	Below Average	No Basis for Judgement
Academic Motivation	4	3	2	1	N/A
Academic Potential	4	3	2	1	N/A
Attitude Toward Homework	4	3	2	1	N/A
Study Skills & Organization	4	3	2	1	N/A
Writing Skills	4	3	2	1	N/A
Math Skills	4	3	2	1	N/A
Willingness to Try New Activities	4	3	2	1	N/A
Perseverance in Difficult or New Tasks	4	3	2	1	N/A
Ability to be a Group Leader	4	3	2	1	N/A
Enthusiasm for Class Projects	4	3	2	1	N/A
Ability to Work Independently	4	3	2	1	N/A
Self-Confidence	4	3	2	1	N/A
Reaction to Criticism	4	3	2	1	N/A
Sense of Humor	4	3	2	1	N/A
Concern for Others	4	3	2	1	N/A
Contribution to Positive Classroom Community	4	3	2	1	N/A
General Level of Maturity	4	3	2	1	N/A
Creativity	4	3	2	1	N/A

What special interests, talents, or abilities could this student contribute to Breakthrough Manchester?

One of the criteria used when determining admission to Breakthrough Manchester is the student's need for the program. How would this student benefit from being at Breakthrough?

What challenges might this student face if s/he participated in Breakthrough? Do you have any concerns/reservations/worries about this student being successful at Breakthrough?

Any additional comments or other helpful information?

I recommend this student for Breakthrough:

- With Great Enthusiasm With Confidence With Some Confidence
 With Reservation* I Do Not Recommend*

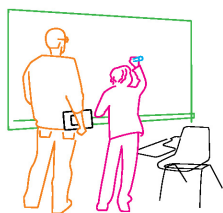
* Please list reservations:

Teacher Name (printed)

Email

Teacher Signature

Phone Number



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Grades & Testing Release Form

Must be postmarked no later than March 15.

To the Parents/Guardians: Your signature below indicates your consent to the release of your child's records to Breakthrough Manchester in order for him/her to be considered for admission. Please complete the top of this form and deliver it to your child's Elementary School Guidance Counselor or Principal.

Parent/Guardian Signature _____ Date _____

Student's Name _____

Student's Guidance Counselor/Principal _____

To the School Official: The student named above is a candidate for admission to Breakthrough Manchester. The Admission Committee places considerable weight on the academic and personal qualifications of each student. Please send the following documents by March 15 to the Breakthrough office:

- 4th Grade Report Card & Teacher Comments
- 5th Grade Report Card & Teacher Comments
- Most Recent NECAP Test Results (or other relevant standardized test results)

Please mail to: Breakthrough Manchester
2108 River Road
Manchester, NH 03104

Feel free to call the Breakthrough Office with questions at 603/641-9426.