



# Alpha Achievers of Howard County

## Invitation To Become A Member Of Alpha Achievers

Dear \_\_\_\_\_ (Student),

*Congratulations! You are invited to become a member of the Alpha Achievers of Howard County program. This program was created through an Educational Partnership Agreement between the Howard County Public School System (HCPSS) and Alpha Phi Alpha Fraternity, Inc; Howard County Chapter (APA).*

*Established in 1997, this nationally recognized program seeks to support African-American males in achieving and maintaining a 3.0 grade point average or higher. The program also promotes character growth, leadership skills, and critical thinking, while encouraging its members to become full citizens of the school and the community. The Alpha Achievers Program currently serves over 350 young men at all twelve Howard County Public High Schools.*

*Students accepted in the program will have the opportunity to participate in meetings and activities at their respective high schools. This club will meet on a regular basis under the guidance of an Alpha Achievers School Advisor (HCPSS employee) with the support of an Alpha Achievers Chapter Advisor (APA member). These meetings will be scheduled outside of school hours or during homeroom periods. Field trips and other activities may also be available.*

*Additional requirements for membership in Alpha Achievers include the following forms for you and your parent/guardian:*

- Completed Alpha Achiever Consent Form
- Two [2] completed HCPSS Teacher/Staff Recommendation Form

*Please complete this form and return to your Alpha Achievers School Advisor, no later than*

\_\_\_\_\_ (date).

*Sincerely,*

\_\_\_\_\_ (Name)

\_\_\_\_\_ (School)

\_\_\_\_\_ (Contact Information)

*Alpha Achievers School Advisor*





# Alpha Achievers of Howard County

## Consent Form for Alpha Achievers Program

I agree to support the program objectives of Alpha Achievers and comply with its requirements for membership including its Code of Honor and Community Service contract. In addition, I understand that I may receive email and/or phone communication related to this program.

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Parent/Guardian's Full Name

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

\_\_\_\_\_  
Parent/Guardian's Signature Name

\_\_\_\_\_  
Student's Phone

\_\_\_\_\_  
Parent/Guardian's Phone

\_\_\_\_\_  
Student's Email Address

\_\_\_\_\_  
Parent/Guardian's Email Address

***Please complete this form and return to:***

\_\_\_\_\_

***Your Alpha Achievers School Advisor.***





# Alpha Achievers of Howard County

## Student Code of Honor

As an Alpha Achiever, I must be continually aware of my actions and their effects. In order to make an impact, I must exercise an awareness of responsibility to myself, to the organizations with which I am associated, and to other people.

As an Alpha Achiever I will:

- Serve as role models to my peers and set an example for all to follow
- Be inclusive of all students while advocating involvement and participation in various activities
- Maintain a high level of respect towards myself and others
- Strive to be committed a leader and encourage other to reach their full potential
- Remember that part of my leadership responsibilities resolve around helping, training, and encouraging future leaders
- Fulfill my role as someone whom people can count on and whose word is solid and trustworthy by refraining from cheating, stealing, and lying
- Realize that my actions directly impact the integrity and credibility of the Alpha Achievers
- Maintain the high integrity that the Alpha Achievers has achieved

## Student Community Service Contract

Community service is a serious commitment and responsibility. In order to effectively complete my task, I understand that I will be held to follow expectations:

- I am expected to follow all school rules.
- I am expected to act as a positive role model.
- The staff member supervising the program is always in charge. I need to refer to him or her if I have any problems or questions.
- I must report to my assignment at all scheduled times from the start of the program to the end.
- If for some reason I am unable to attend, I must contact the coordinator as far ahead of my absence as possible.
- I must notify the program coordinator(s) of any problems.
- I must sign in and out upon entering and exiting the building.





# Alpha Achievers of Howard County

## Teacher/Staff Recommendation Form

Student Name: \_\_\_\_\_

Teacher/Staff Name: \_\_\_\_\_

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

Please evaluate the ability and personality traits of the student listed above by completing the following information:

	Excellent	Very Good	Good	Fair	Poor
Personal Integrity					
Social and Emotional					
Ability to Work with Peers					
Ability to Work with Teachers					
Leadership Qualities					
Oral Communication Skills					
Writing Skills					
Creativity					

Indicate strength of your overall endorsement by checking the appropriate box:

- Highly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

Please write additional comments that will aid in assessing the student's qualifications (Optional):

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