



State of Arizona
Department of Education

Tom Horne
Superintendent of
Public Instruction

MEMORANDUM

DATE: February 8, 2010
TO: Migrant Education Program Coordinator
FROM: Mary Frances Haluska
Migrant Education Program Specialist
SUBJECT: Close Up 2010 Applications –Middle School/High School

We are pleased to announce that the Arizona Migrant Education Program (MEP) will again be sponsoring eight Middle Level and twelve High School migrant students to participate in the Close Up Program in Washington, D.C.

The **High School** group is scheduled to attend from **June 13-19, 2010**. The **Middle Level** group is scheduled to go to Washington D. C. from **June 20-25, 2010**. Selection will be based on eligibility (mobility) in the Migrant Education Program, the student's essay, reference letters, academic standing, involvement in extra-curricular activities and community service. An LEA teacher or Migrant Staff member will be selected to accompany the June 13-19, 2010 group. Please complete the MEP staff application to be considered.

The Migrant Education Program will cover all trip costs except for luggage fees and "spending money". Please consider hosting some fundraising activities, perhaps with the help of your MPAC, for your students.

Attached are the forms that need to be completed and returned to ADE by **5:00 p.m. on March 17, 2010**. Incomplete applications will not be considered. Please mail the completed packet to:

Arizona Department of Education (ADE)
Attention: Mary Frances Haluska, Bin#14
1535 W. Jefferson
Phoenix, AZ 85007
602.542.5169
Fax: 602.542.5175

Arizona Migrant Education Program 2010

Close Up Application for Middle Level or High School Student



Items to be submitted:

1. To be completed by student:

- Student information/authorization form - **Requires District Migrant Education Coordinator's signature. (1A)**
- Parent/Guardian Authorization Form – **Requires Parent/Guardian Signature (1B)**
- Student essay-must be typed and double-spaced. Please note that essays will be evaluated using 6 traits rubric. **(1C)**

2. To be completed by a teacher or counselor:

- One letter of recommendation. **(2A)**

3. To be completed by the school principal:

- One letter of recommendation. **(3A)**

4. Additional required documents:

- Copy of the student's most current report card or transcripts.
- Signed (enclosed on the last page of this packet)

Submit completed packet to:

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**CLOSE UP PROGRAM
WASHINGTON, DC
2010**

**STUDENT NOMINEE
Part A1**

In the space below, please attach a recent headshot photograph suitable for reproduction. A black and white photograph is preferred, but color is acceptable.

PLEASE DO NOT FOLD THE PHOTOGRAPH

NAME: _____

ADDRESS: _____

HOME/MESSAGE PHONE: _____

***PARENT/GUARDIAN PERMISSION TO USE PHOTOGRAPH (required)**

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

ARIZONA MEP 2010
CLOSE UP
STUDENT INFORMATION FORM

- Middle School (7th or 8th Grade) June 20-25, 2010**
 High School (9th, 10th, 11th Grade) June 13-19, 2010

Students must be eligible for the Migrant Education Program when applying to attend the program and for the duration of the program the student is attending.

1A

(To be completed by student and parent. Please return to District Migrant Education Coordinator.)

School District: _____ School : _____

Circle grade (during 2009-2010 school year) 6 7 8 9 10 11

Student Name: _____

Birth Date: _____ Student T-shirt Size (adult sizes only): _____

Parent/Guardian _____

Home address: _____

City: _____ State: _____ Zip Code _____

Home phone: _____ Contact Phone: _____

Emergency contact name and phone: _____

Name of doctor and phone: _____

Medical Insurance Card Number and Provider: _____
(Please attach a copy of the insurance card with this application.)

Medical alerts/advisories/allergies: _____

District Migrant Education Coordinator Signature: _____

Parent/Guardian Signature: _____

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CLOSE UP
STUDENT INFORMATION FORM

Parent/Guardian Authorization:

As the parent/guardian of _____, I:

- a) Give my permission for him/her to attend the Migrant Education Close Up Program and participate in all programs activities; and
- b) Give my permission to program staff to secure emergency medical, dental or hospital treatment him/her including providing aspirin, Tylenol, cough drops or over the counter medication as needed.
- c) I understand that the school district, program staff, the Arizona Migrant Education Program shall NOT be held responsible or liable for any accident that may occur during the program.
- d) Understand that my child is responsible for his/her personal costs during this educational opportunity including luggage fees incurred.
- e) Have notified the program staff that my child does/does not have a need for medical treatments and/or allergies.

If medical treatments or allergies, please list:

Parent/guardian signature _____ date _____

ARIZONA MEP 2010
CLOSE UP
STUDENT INFORMATION FORM

Parent/Guardian Authorization:

Como padre/guardian de _____, yo:

- a) Doy permiso para que el/ella asista a Close Up de Programa Migrante y participe en toda las actividades; y
- b) Doy permiso al personal del Programa para que obtengan servicios medicos de emergencia, de hospital o dentista para el/ella, incluyendo aspirina, Tylenol, pastillas para la tos y otros medicamentos de farmacia.
- c) Yo entiendo que el Distrito Escolar, el personal del Programa, y ni el Programa Migrante del Estado seran responsables o culpables por accidentes que pueden resultar cuando mi hijo/hija este participando en el programa.
- d) Entiendo que mi hijo/a es responsable por sus gastos personales durante esta oportunidad educativa incluyendo tarifas de equipaje.
- e) He notificado al personal del programa que mi hijo/a no requiere necesidad de tratamiento médico y no tiene ni alergias.

Si requiere tratamiento medico o tiene alergias, favor

Firma de padre/guardian: _____ fecha: _____

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STUDENT ESSAYS

1C

Student name-

District –

School-

1. What does it mean to be a migrant student? How is your life different from the lives of your peers? (Attach additional pages as necessary, maximum 200 words.)

2. In what extra-curricular activities and/or community services have you participated over the last year? How would you encourage other students to get involved in such activities? (Attach additional pages as necessary, maximum 200 words.)

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STUDENT NOMINATION FORM

2A

(To be completed by a teacher or counselor and returned to District Migrant Education Coordinator.)

Name of student nominee: _____

Name of teacher or counselor: _____

Teacher/Counselor recommendation: (Attach additional pages as needed, maximum 100 words.)

Teacher/ counselor signature and date.

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STUDENT NOMINATION FORM

2A

(To be completed by School Principal and returned to District Migrant Education Coordinator.)

Name of student nominee: _____

Name of Principal: _____

Principal's recommendation: (Attach additional pages as needed, maximum 100 words.)

Principal's signature and date

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CLOSE UP

Permission to Use Photographs

Subject: Close Up Program for New Americans

Location: Washington, D.C.

I grant Mary Frances Haluska, Leslie Barnard and the Arizona Department of Education, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Mary Frances Haluska, Leslie Barnard and the Arizona Department of Education, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Mary Frances Haluska, Leslie Barnard and the Arizona Department of education may use such photographs of me with or without my name and for any lawful purpose, including such purposes as publicity, training tools/videos, illustration, advertising, and Web content.

I have read and understand the above:

Parent Printed Name: _____

Parent Signature: _____

Date: _____

Address: _____

Student Printed Name: _____

Student Signature: _____

1535 West Jefferson, Bin 14, Phoenix, Arizona 85007

602-542-5169

Arizona Migrant Education Program 2010



Close Up Application for Local Educational Agency Teacher or MEP Staff

Items to be submitted:

1. To be completed by applicant:

Information/Authorization Form (1A)

Essay-must be typed and double-spaced (1B)

2. To be completed by a peer of the applicant:

One letter of Recommendation (2A)

3. To be completed by the school principal:

One letter of Recommendation (3A)

Submit completed packet to:

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TEACHER or MEP STAFF INFORMATION FORM

1A

(To be completed by applicant and returned to District Migrant Education Coordinator.)

The applicant needs to be employed by the district from which they are applying at the time of the program.

Name: _____

Name of School: _____

Name of School District: _____

T-Shirt Size: _____

Home address: _____

Home phone: _____ cell: _____

Emergency contact name and phone: _____

Name of doctor and phone: _____

Medical alert/advisories: _____

I understand that the school district, program staff, the Arizona Migrant Education Program shall NOT be held responsible or liable for any accident that may occur during the program.

Applicant's Signature: _____

Date: _____

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TEACHER or MEP STAFF ESSAYS

1B

Name: _____

District: _____

School: _____

District: _____

1. What does it mean to be a migrant student in Arizona? How do you know that your students will be well-prepared for a successful future? (Attach additional pages as necessary, maximum 200 words.)

2. What extra-curricular activities and/or community services are available for your migrant students? How do you encourage your students to get involved in such activities? (Attach additional pages as necessary, maximum 200 words.)

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**TEACHER or MEP STAFF NOMINATION FORM
2A**

(To be completed by a **peer** of the teacher or MEP staff applicant and returned to District Migrant Education Coordinator.)

Name of nominee:

Name and title of person making the recommendation:

Recommendation: (Attach additional pages as needed, maximum 100 words.)

Signature and date

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**TEACHER or MEP STAFF NOMINATION FORM
PART 3A**

(To be completed by the **principal** and returned to District Migrant Education Coordinator.)

Name of nominee: _____

Name of principal: _____

Principal's recommendation: (Attach additional pages as needed, maximum 100 words.)

Principal's signature and date