Alaska EXCEL Sessions

2026-2027 Application

Please return completed applications to your Principal or scan and email them to apply@excelalaska.org

Student Information

Name: _____ ___ _____
(First) (MI) (Last)

Gender (Check Box): ☐ Male ☐ Female Date of Birth: _____(mm/dd/yyyy) Current Age: _____

Ethnicity (Check all that apply): White ☐ African/American ☐ Hispanic ☐ Asian ☐
American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander ☐

Mailing address: _____
P.O. Box Village/City State Zip Code

Physical address: _____
House Number and Street Village/City State Zip Code

Personal email address: _____

School email address: _____

Grade level: _____ School name: _____

Student phone number: _____ Student social security number: _____
xxx-xx-xxxx

Emergency contact information (parent or guardian)

Name: _____ Home/Cell phone: _____

Relationship to student: _____ Work phone: _____

Put a number in the box. 1 is your biggest interest 7 is your least interest. (FOR SUMMER XL USE ONLY)	
1.	☐ Aviation Ground School
2.	☐ Aviation Maintenance
3.	☐ Small Engine Repair/Outboard Motors
4.	☐ Welding
5.	☐ Paramedicine/Firefighter 1
6.	☐ Advanced Photography
7.	☐ Public Safety

Check all below that apply:

☐ I have a State ID card
☐ I have an AK Driver's Permit
☐ I have an AK Driver's License
☐ I have a Tribal ID Card
☐ I have an original Social Security (not laminated)
☐ I have an original Birth Certificate
☐ I am NCCER Core Certified

NCCER Card # _____

Tribal Affiliation (What Village Tribe are you enrolled in)

_____

List jobs or careers you would like to learn about:

1. _____
2. _____
3. _____

List the colleges or training programs you would like to learn about:

1. _____
2. _____
3. _____

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Teacher recommendations – please have 2 teachers/principal recommend you for the EXCEL session.

Initial Student Recommendations and Contract

I believe this student would be a good candidate for this EXCEL session and would benefit from participation in this experience. This student would also represent themselves, our school, and our district well through their effort, respect, and good behavior.

Teacher/staff signature: _____ Date: _____
Teacher/staff signature: _____ Date: _____
Principal/staff signature: _____ Date: _____

Please check any of the below which applies to the student applicant (this information will be kept confidential):
Student has a disability_____ Student has an IEP _____ Student has a 504 plan _____ NA _____

Read and initial: General camp/session expectations – Student Contract:
I understand I will be missing important class instruction while attending EXCEL Camp and I am responsible for maintaining passing grades in my regular classes before and after the session experience. (Including all classwork and homework)

☐ I will follow all rules of my district, Alaska EXCEL, and listen to the EXCEL staff.

☐ I will fully participate in all learning activities and required session activities.

☐ I understand I could be traveling to Anchorage, Seward, Soldotna, Palmer, or other locations to be determined depending on the session.

☐ I understand (ages 16-18+) at times I will not be in direct supervision with a chaperone and I am still responsible to follow all district and Alaska EXCEL's rules and expectations.

Student and Parent Consent

Student applicant and guardian read and agree to the above student contract:

Applicant signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

PARENTS/GUARDIANS, IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE NUMBER BELOW.
Contact number while student is attending Alaska EXCEL: 907-222-0798

At Alaska EXCEL we offer tobacco quitting aids to students that struggle with tobacco use. Your signature below indicates your consent for Alaska EXCEL staff to provide your child/young adult tobacco quitting aids.

Parent/Guardian Name (Printed): _____ Date: _____

Parent/Guardian Name (Signature): _____ Date: _____

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Please attach another page or attach your typed response:

As a student interested in attending an EXCEL program, what are your future education and career plans? Please be specific.

Please explain why you want to participate in an EXCEL session. What do you hope to learn and experience? How will this experience help you reach your high school and after-graduation goals?

Please explain why you should be chosen to participate. What makes you an excellent student candidate to participate? How will you contribute to the EXCEL session?

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Teacher or counselor scoring guide for student: Please give the student an accurate score. The score will NOT keep a student from attending, rather it will help EXCEL staff in working with the student.

	(1) Limited effort	(2) Developing	(3) Proficient	(4) Advanced
Communication & Life-skills	☐ Does not take on personal responsibility in most cases and depends on others. ☐ Has difficulty in any leadership capacity. ☐ Actions show a lack of communication skills as well as a lack of understand of their importance.	☐ Demonstrates personal responsibility inconsistently. ☐ Is hesitant to be prompted to complete tasks. ☐ Applies communication and etiquette skills in some settings.	☐ Displays personal responsibility for successful daily living consistently. ☐ Critiques leadership qualities in a variety of settings. ☐ Demonstrates effective communication and etiquette skills in class.	☐ Encourages others in positive ways to take on responsibility. ☐ Assists others in development of leadership skills. ☐ Offers assistance to others without being asked.
Problem solving & decision making	☐ Experiences difficulties in dealing with change. ☐ Does not recognize need for own time management. ☐ Displays limited ability of time management, problem-solving, decision making, commitment, follow-through, and work ethic in the classroom and extracurricular events.	☐ Practices flexibility and adaptability, integrity, and resiliency inconsistently. ☐ Has difficulty with consistency in time management, problem-solving, decision making, commitment, follow through and work ethic in the classroom and extracurricular events. ☐ Finds difficulty in dealing with stress.	☐ Demonstrates flexibility, adaptability, integrity, and resiliency (FAIR). ☐ Practices time management, problem-solving, decision making, commitment, follow through, and work ethic in the classroom and extracurricular events. ☐ Recognizes strategies for stress management.	☐ Models flexibility, adaptability, integrity, and resiliency in words and actions. ☐ Implements time management, problem-solving, decision making, commitment, follow through, and work ethic in the classroom and extracurricular events on a consistent basis. ☐ Manages stress and helps others.
Teamwork	☐ Demands constant prodding to participate with others. ☐ Does not relate well with others.	☐ Participates in limited ways with some prompting in participating with others. ☐ Has occasional difficulty with relationships.	☐ Demonstrates teamwork and healthy relationships when participating with others. ☐ Assists others in need.	☐ Serves as a leader in developing teamwork and heathy relationships in class. ☐ Fosters cooperation and accomplishment.
Goal-setting	☐ Does not recognize deadlines. Rarely sets own personal goals	☐ Makes and meets deadlines inconsistently. ☐ Displays difficulty in setting personal goals and carrying through.	☐ Makes and meets deadlines. ☐ Displays ability to set personal goals and carry through.	☐ Implements strategies to set and meet deadlines and goals, both individually and in class.

Teacher name (print please) _____

Teacher signature _____

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Media Release Form

Dear Student and Parent/Guardian,

We may be recording (audio, video, and digital still photographs) teacher and student activities associated with, but not limited to the Alaska EXCEL programs. These recording may be used for educational and informational use in a variety of media from our website and newsletters, to the Alaska EXCEL videos we produce. All the recorded material is the property of Alaska EXCEL.

Please read the following guidelines and check the corresponding box if you agree/disagree:

1. I give permission for my son/daughter to participate in any audio tape recording, video recordings, and photography that may become part of materials or products possibly shared with other school districts and business partners.

2. I understand the intention of the recordings/photos and the purpose of the programs to be produced, as stated above.

☐ I agree to the guidelines listed above and give permission for my child to participate in any media recordings associated with or obtained by the Alaska EXCEL program.

☐ I disagree with the guidelines listed above and do not give permission for my child to participate in any media recordings associated with or obtained by Alaska EXCEL.

Student information:

Student printed name	Student signature	Date

Parent Information:

Parent printed name	Parent signature	Date

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Medical Consent Form

Student name: _____ Date: _____

Student birthdate: _____ Parent or guardian name: _____

PARENT/GUARDIAN PLEASE SIGN BOTTOM OF FORM

Home/cell telephone number	Medicaid number
Work telephone number	Medical insurance company
Emergency contact name and number	Group #

I, the legal guardian of _____, give my consent to emergency medical treatment, hospitalization or behavioral treatment as may be necessary for the welfare of my child if he/she is sick or injured. He/she may be treated by a medical provider. I understand every effort will be made to contact me before treatment, however, if I am unavailable, I give permission for the medical provider to treat my child in the event of an emergency. I also give consent to allow my child to receive the appropriate over-the-counter medication if needed.

I hereby waive on behalf of myself and the above-named child any liability of the Alaska EXCEL, Inc. or any of its agents or employees, arising out of such medical treatment.

I hereby give my consent for the above student to engage in School District/EXCEL approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the group as a member of its out-of-town trips. I understand the Board of Education does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the school programs/EXCEL. I also understand accident insurance coverage is my responsibility.

Please list any allergies your child has: _____

If you <u>are</u> <u>not</u> sending prescription medication, skip to the bottom of the form and please sign.

The following medication is required during school hours to improve or maintain the health of this student. The authorized EXCEL staff may contact me regarding this medication. I understand only one prescribed medication can be listed on this document. Multiple medication authorization forms can be submitted.

The above-named child should receive prescribed medication for the condition listed above.	Name of medication
Prescribed daily dosage	Time and dosage given at school
Beginning date	End date
Possible side effects	

I, _____, request the prescribed medication listed above be given to my child named above.

- I understand only current medications will be given at Alaska EXCEL sessions and trained EXCEL staff will administer medication.
- I agree to defend and hold Alaska EXCEL employees harmless from any liability for the results of the listed medication or the manner in which it is administered, and to defend and indemnify Alaska EXCEL and its employees for any liability coming from these arrangements.
- I give permission for authorized Alaska EXCEL staff to contact the health provider regarding this treatment.
- I will notify the school immediately if the medication is changed and understand the authorized Alaska EXCEL staff may contact the health care provider or pharmacist regarding this medication.
- I understand this medication will be destroyed unless picked up by the end of the last student school day of this year (per federal DEA requirements)

DISCLAIMER: I hereby waive on behalf of myself and the above-named child any liability of the Alaska EXCEL, Inc. or and of its agents or employees, arising out of infectious diseases, including COVID-19, natural and/or accidental disasters, and/or medical treatment.

Signature of parent or guardian: _____ Date: _____

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Student Behavior & Expectations

To be reviewed, understood, and signed by all participants

What you should NOT "bring", "use" or "sell" at any Alaska EXCEL program:

- Alcohol, Controlled Substances or Drug Paraphernalia.
- Weapons. firearms, knives, or any object that poses danger to self and others.
- Tobacco Products. The Alaska EXCEL program does not allow the use of any type of tobacco product by students and staff. Our position on tobacco use is three-fold:
    - Use of tobacco is in direct opposition to Alaska EXCEL's philosophy of promoting personal wellness and healthy lifestyles.
    - Alaska State Statutes states it is "illegal to sell, give, trade, or exchange any products (including vending machines) containing tobacco to any person under 19 years of age". If students do currently use tobacco products, we strongly encourage them to discontinue their use immediately.
    - We understand many students have and/or currently use tobacco products and are aware of the side effects associated withdrawal. Hard candy and gum will be provided to help curb any cravings. Consequences for use or possession or sale of alcohol, controlled substances, paraphernalia, weapons or tobacco products: A student found using or selling or in the possession of alcohol, controlled substances, tobacco products or weapons of any type, while attending Alaska EXCEL activities, will face immediate disciplinary actions, which may include immediate expulsion from the program, as well as possible legal action taken.

PROGRAM RULES

1. Between 10-11:00 p.m. (or as determined by staff) curfew -lights out, quiet, in bed.
2. After lights out you are not to leave your own floor until breakfast time.
3. Always travel in pairs (or larger groups) unless specifically given instruction and permission to do otherwise.
4. Always inform a staff member of your whereabouts.
5. Disrespecting students, staff or the facilities will not be allowed.
6. No body piercing, hair dyeing, or tattoos while at Alaska EXCEL activities – How you come to EXCEL Alaska Sessions and Camps is how you leave Alaska EXCEL Sessions Camps!
7. No PDA's (public displays of affection)

I have read and understand these expectations and agree to abide by them during my stay with Alaska EXCEL. I also understand willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my respective school district, parent or guardian's expense. I also understand I may be subject to further discipline as outlined under my district's Student Decorum Code.

Student printed name	Student signature	Date
Parent printed name	Parent signature	Date

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Visitation Permission Form

ON-CAMPUS VISITS ONLY DURING SCHEDULED VISITATION HOURS (August-May)

Scheduled on-campus visitation occurs daily (time TBD) Sunday through Thursday. All visitors must:

- ✓ Sign in and be on the student's visitation permission form
- ✓ Show identification
- ✓ Stay within the set EXCEL Camp boundaries (campus boundaries)
- ✓ Not go into dorm rooms or private places.

WEEKEND CHECK-OUTS ARE LIMITED TO FAMILY MEMBERS (21 YEARS OR OLDER) ONLY and **ONLY at Summer XL**

Weekend checkouts may start at 5:00pm on Friday. Students must arrive and be signed back on to campus by 5:00pm on Sunday. In order to be checked out the visitor must:

- ✓ Be listed on the Visitation Permission Form as OK for weekend check-outs
- ✓ Be a mother, father, guardian, brother, sister, aunt, or uncle
- ✓ Be 21 years of age or older
- ✓ The checking the student out must be physically present in order to complete the checkout
- ✓ Show picture identification (Alaska Driver's License, State ID)

PARENT/GUARDIAN AGREEMENT:

I,_____, hereby give permission for the following adults, 21 years or older, to
Print Parent/Legal Guardian Name
visit my son/daughter_____during EXCEL Summer Bridging Camp.
Print Student's Name

I have read the EXCEL Visitation Policy and support this process for allowing our friends and/or family to visit my child during the program.

X_____ _____
Signature of Parent/Guardian Date

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Packing List
Things to bring

☐ **Your sense of Adventure and Desire to Learn!**

☐ **Full Winter Gear for travel between October and May**
Full gear means heavy jacket and snow pants or snow suit, hat, heavy gloves, winter boots

☐ **Casual clothes, enough for your stay**
Jeans/other long pants, t-shirts, long sleeved shirts, sweatshirts, socks, underwear and sleepwear

☐ **Athletic clothes**
Gym shoes, workout pants / shorts / top

☐ **Personal Hygiene Items**
Soap, deodorant, shampoo, toothbrush/paste, comb, etc.

☐ **Money for personal spending**
(Please, no more than a 100 dollar$100.00 -- Give to EXCEL Staff to put in safe, EXCEL cannot replace missing money)

☐ **Swim wear**
Visits to the swimming pool is a common occurrence

☐ **Professional Clothes**
Nicer clothes (non-t-shirts, no printing on shirts). Pants not worn or faded or torn. Professional / Nice. (Only EXCEL 9-12 Sessions)

Other Things to Note:

- Electronics and headphones are acceptable as designated by the instructors. Cell phones may not be used during class or group activities.
- Cell phones/electronics may be checked in with the Alaska EXCEL staff during the school day and may be checked out during appropriate times.
- Alaska EXCEL is not responsible for lost or stolen items.

Keep This Page

Alaska EXCEL *is* Education for Life

Our values - student-centered, experience, relevance, loyalty

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