



Achievement thru Community Education & Support

Achievement thru Community Education & Support A Student Mentoring Collaborative Project

Achievement through Community Education & Support (ACES) is a fun-focused High School mentoring program operated by Mike Ferrer in collaboration with Lorain City Schools, Nordson Corporation & Community Foundation of Lorain County. ACES works with 8-12 grade Lorain City School District students motivating them to accept and successfully navigate a series of challenges assisting them in developing new skills to overcome barriers hindering educational, social, emotional and career growth. The program runs from September 1 through August 31st of each year.

As participants complete group and individual challenges and learn to control emotions and behaviors that could ultimately hinder their academic and social progress, they are taught via hands-on, goal oriented, role playing, critical thinking and community service scenarios to implement this new-found control to reach short/long term goals. The program empowers participants to experiment with and adopt behaviors which generate positive academic, social and career generating results.

Throughout the program participants will experience their power through the successful completion of challenges which generate rewards and incentives. Community service challenges will be converted into employment opportunities when OMJ and other organizations arrive at the program in May to interview them for potential employment opportunities. Entrepreneurship skills and positive reinforcement come through new relationships with businesses and multiple service projects. Within a short period of time after experiencing success on several levels, participants will be better motivated to improve/maintain academic performance, attend school regularly, participate in new activities, avoid behaviors generating negative consequences, and contemplate a positive future acquired through leadership training, growth focused activities, college prep and community service.

ACES participants generally meet for two days weekly to include fieldtrips (as allowed). Rides to and/from the program may be provide each week and in school supports are provided as requested/allowed by the LCSD. Meeting hours are both during (10:00am-2:00pm) and after school on Wednesdays (2:30pm-5:30pm) at Lorain High School and 11am-4pm on Saturdays for fieldtrips and community service projects. Transportation support can be provided to locations where training will take place for those without transportation access. ACES youth also attend unique fieldtrips, experience adventures, new opportunities, and will be provided with new resumes/cover letters that will assist in securing part-time employment in the summer and throughout the following year.

Participants will acquire communication, social development, problem solving, leadership and decision-making skills while having fun racing go-carts, swimming, kayaking, archery, bowling and many other activities. The ACES program provides challenges whose successful completion will lead to informed choices on selecting a future college, preparing for careers and students will utilize service learning and community impact projects to position themselves for future employment success. Program youth demonstrating progress will also plan and support special events (Café Nights, STEM Camps for 2nd thru 7th graders, festivals, etc.) which will greatly enhance their portfolios and confidence. Participants must continue to improve academically at their school and complete personal obligations at home to remain in the program and attend fieldtrips.

ACES

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APPLICANT INFORMATION

APPLICANT NAME (Youth):		Date of Application:
Date of birth:	Last 4 SSN:	Phone:
Current address:		Email:
City:	State:	ZIP Code:
School Attending:	Grade:	Age:

PARENT(S) INFORMATION

Mother's Name:		Father's Name:
Address:		Email:
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Does Applicant live with both parents? Y N	If not, which Parent?	Nationality:

EMERGENCY CONTACT

Name of a relative that can be contacted if parent is unable to be reached:		
Relationship to Youth:		Phone:
City:	State:	ZIP Code:
Relationship:		

RECOMMENDATION INFORMATION

Name of person recommending Student to the ACES Program:		
Relationship:	Phone:	Reason:

PLEASE ANSWER THE FOLLOWING QUESTIONS (PARTICIPANT)

Will you make a commitment to complete the program from your acceptance date through June 2024?	
Will you refrain from fighting or verbally abusive behavior while in the program?	
Will you make a commitment to participate in all program activities?	
What gets you into the most trouble?	
Can You Swim?	
Can you remain completely silent for one minute?	
Two minutes?	

SIGNATURES

Student Signature:	Date:
Parent Signature:	Date:



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ACES Emergency Transportation and Medical Authorization

I. Child's Information:		
First Name:	Middle Initial:	Last Name:
II. Parent/Guardian Information:		
<i>1st Parent/Guardian to contact:</i>		
First Name:	Last Name:	Relationship:
Home Phone:	Work Phone:	
Employer's Name	Occupation:	
<i>2nd Parent/Guardian to contact:</i>		
First Name:	Last Name:	Relationship:
Home Phone:	Work Phone:	
Employer's Name	Occupation:	
III. Additional Contacts: <i>List 2 people who can be contacted in an emergency if parents cannot be reached.</i>		
<i>1st Person to contact:</i>		
First Name:	Last Name:	Relationship:
Employer's Name	Day Time Phone:	
<i>2nd Person to contact:</i>		
First Name:	Last Name:	Relationship:
Employer's Name	Day Time Phone:	
IV. Complete the following medical information:		
Please provide any information about your child concerning allergies, medications being taken and any physical impairments to which staff or physician (in emergency) should be alerted:		
Allergies:		
Action to be Taken:		
Other Medical Information:		
Date of Last Tetanus:	NOTE: Should be within last 5 years	
Name of Physician or Clinic:	Phone:	
Address:	City:	State:
Name of Dentist or Clinic:	Phone:	
Address:	City:	State:
I understand that the ACES program provides basic first aid only and that in the case of an emergency, if reasonable attempts are unsuccessful to contact me or the emergency contacts as indicated above, I hereby give my consent for: 1) The administration of any treatment deemed necessary by the physician indicated below, or in the event that physician is not available, by any other licensed physician. 2) The transfer of my child _____ (name of child) to _____ (name of hospital or physician) for emergency care or to the nearest source of assistance.		
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity of such surgery, are obtained prior to the performance of surgery. I recognize that the ACES employees in charge, and causing harm or injury which occurs in performance and within the scope of this duty, unless such act be of a malicious, or deliberate nature.		
Parent/Legal Guardian Signature:		Date: _____



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ACES – Achievement thru Community Education & Support General Fieldtrip Release of Liability

PLEASE READ CAREFULLY

Each participant parent must sign this Liability Release before their child is allowed to participate in ACES program fieldtrips. Fieldtrips associated with this program generally take place within Lorain County and consist of explorations into teambuilding and problem-solving activities. Fieldtrips may include swimming, hikes at area Metro Parks, tobogganing, kayaking, horseback riding, college visits, theme parks and cross-country skiing, (among several others). Trips are sponsored by ACES for those students' meeting requirements. Fieldtrips usually occur on Saturdays but may also occur after school, on Fridays, or on school holidays. Special permission slips will be sent home if we are going outside of Lorain County. Parents should read the information below and sign if you would like your child to participate. Please call Mike Ferrer, Project Director, at 336-1501 with questions.

I understand and certify that my child's participation in the ACES program and fieldtrips is completely voluntary. I have been informed of the program and activities in which my child will be participating in, including, nature exploration/hiking, role playing, games, swimming, and tobogganing, among others.

I recognize that certain hazards and dangers, including but not limited to insect bites and stings, are inherent at fieldtrip locations and particularly, but not limited to activities involving hiking, athletic endeavors, and activities at outdoor venues. The ACES program cannot insure, or guarantee, that equipment, premises and/or activities will be free of hazards, accidents, or injuries. I further recognize and have instructed my child in the importance of abiding by program rules and procedures outlined and reviewed for the safety of ACES participants. Please note that in 30 years no youth has ever been hurt while attending a fieldtrip under the direction of Michael Ferrer, and a Nurse is provided at all activities.

Therefore, for myself/my spouse, and my child, I knowingly/voluntarily assume all risks involved in participation, and do hereby release, indemnify, and hold harmless, the ACES program, Lorain City Schools, the Nordson Corporation, Community Foundation and other partners, members, trustees, officers, employees, independent contractors, and agents from all liability, damages, costs, and expenses arising out of, or relating to bodily or psychological injury and/or loss of personal property that may occur as a result of participating in ACES fieldtrips.

I have read, understand, and accept all terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the duration of participation in ACES fieldtrips and activities. I am also allowing the taking of photos to document the activities in which program participants will be involved in.

Name of Child/Participant (Print)

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

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ACHIEVEMENT THROUGH COMMUNITY EDUCATION & SUPPORT

REQUEST FOR SCHOLARSHIP

The ACES program will run from September 1, 2023 through August 31, 2024 and is a program renewed annually and sponsored by the Lorain City Schools, the Nordson Corporation Foundation and The Community Foundation of Lorain County. The costs associated with this program are extensive and may often make it difficult for many youths to participate. The Nordson Corporation Foundation, Community Foundation of Lorain County and Lorain City Schools are therefore funding scholarship support which will be reserved for those youth who are most interested in learning to utilize the program's challenges to aid in their pursuit of academic, social and career goals. By signing this request, and accepting an ACES program scholarship, I/we understand our child's obligation to participate in and complete all facets of the program to include community service, college prep and employment training. There will be no cost to the Parent or Student for any activity that the recipient of this scholarship participates in.

Youth Participant Name: _____

Youth Participant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

The ACES Staff will accept a limited number of students in the Achievement through Community Education & Support Program. By signing above, the youth and parent make a commitment for the youth participant to complete the ACES Program and attend all possible sessions. The scholarship will cover all costs associated with the Program. ACES participants will collectively select the best meeting dates for the program.