Pace University's LIBERTY PARTNERSHIPS PROGRAM

Pace University's Liberty Partnerships Program (LPP) is an academic support and enrichment program. Our goal is to assist students who become members succeed academically. The LPP staff work to enrich a student's academic journey throughout high school by offering resources and support necessary to excel academically.

LPP offers College Preparatory Services, Tutoring Services, Enrichment workshops, and the opportunity to become a part of the larger Liberty Partnerships community. Students are expected to attend academic and enrichment workshops, which will be hosted by the LPP at your school or in collaboration with another school within the Pace University Liberty Partnerships Program.

Below is a sample of what students may expect as a member of the Liberty Partnership Program at each grade level:

Freshman and Sophomore:
Students' academic progress is monitored by LPP staff; study skill workshops are being taught for students to learn techniques that will assist them as well as various other academic and social activities.

Junior:
Each student is required to attend the college preparatory seminar starting in the fall semester where students learn the "business" of the college admissions process and begin making tangible plans for college.

Senior:
Members receive assistance and guidance as deemed necessary and begin the process of filing college applications. LPP students have access to the LPP college counselor in the fall and designated LPP advisors are available to work with students.

LPP is committed to advocating for its members. The LPP Student Council is established to ensure appropriate student representation in creation and implementation of the program activities. The council members may be elected by the LPP members and serve for a term of one academic year. It is also a chance for members to acquire and/or strengthen their leadership skills.

Pace University and its LPP seek to foster an environment that values equity, inclusion, and belonging. It is committed to providing equitable access to educational experiences, resources, and

opportunities, and does not discriminate against applicants or participants on the basis of disability, race, color, creed, ethnicity, national origin, ancestry, religion, sex, sexual orientation, gender identity or expression, age, veteran status, or any other characteristic protected by applicable federal, state, or local law.

Application Requirements:
To be considered for the Liberty Partnership Program, each applicant must submit the following documents:

1. LPP Application
2. Copy of School Transcript
3. Copy of School Identification Card
4. Copy of most recent report card
5. Copy of program card

Each newly admitted student has a semester to demonstrate that they are committed to actively participating in this program by meeting the minimum monthly engagement requirement noted in the LPP Student Member Program Expectations (i.e., engage/attend at least 4 LPP activities per month). After this semester is completed, the student will be considered a member of the Liberty Partnership Program.

Should you have any questions, please feel free to contact us by telephone, email, or by visiting the LPP office at Pace University or a host school.

Shelly-Ann Richmond
LPP Program Director
Email: srichmond@pace.edu
Phone: (212) 618-6941

Pace Office:
1 Pace Plaza
New York, NY 10038

PACE UNIVERSITY
LIBERTY PARTNERSHIPS PROGRAM APPLICATION

Thank you for your interest in the Pace University Liberty Partnership Program. LPP provides a year-round precollege academic support program to promote student achievement, improve high school graduation rates, and prepare students for college, the college admissions process and the 21st century workplace. If you are enrolled at one of our partnership schools (AOHT/STAR Early College, High School for Economics and Finance, Pace High School, George Washington Carver High School) and meet one of the following criteria, we encourage you to apply:

- Considered high needs based on household income and family size (an LPP site coordinator can assist you with providing the current income guidelines)
- First generation college student (first person in your immediate family who will be pursuing post-secondary degree)
- Consistent attendance (chronic absences are considered 10+ unexcused absences per month)
- At risk of not completing high school and interested in pursuing higher education or career pathways.

Applications will be reviewed on a rolling basis for the 2026-2027 school year. The program has a limited number of openings, and not every student who applies will be offered admission into the program.

A completed application is required for admission consideration. Admission decisions are based on holistic review of student's academic performance, attendance patterns, disciplinary history, factors that impact school performance or place them at risk of not completing high school, whether their sibling participated in LPP, and recommendations/referrals from school personnel.

If you have any questions, please email the Program Director, Shelly-Ann Richmond at srichmond@pace.edu.

APPLICANT INFORMATION

Name _____ OSIS # _____

Home Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Cell Phone _____

Date of Birth _____ Gender: ☐ Female ☐ Male ☐ Other

Ethnicity: ☐ Black ☐ Latino/Hispanic ☐ Caucasian ☐ Native American

☐ Asian/Pacific Islander ☐ Other _____

Current grade level: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

How did you learn about the LPP? _____

ACADEMIC PROFILE

Current School _____

School Address_____

Overall Grade Point Average (GPA): _____

What are your strongest subjects

What are your weakest subjects

Have you ever received any tutoring? ☐ Yes ☐ No

If yes, which subject(s)?_____

How many hours do you spend studying each day after school? _____

How many days each week do you study?_____

CAREER INTEREST AND PLANNING INFORMATION

Are you currently working? _____

If so, where? _____

How many hours do you work in a given week? _____ Hours

What days of the week do you work:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Have you taken an internship for credit towards your endorsed diploma? _____

What skills have you learned as a result of working and what experiences can you share?

What are some careers you are interested in pursuing or learning more about?

List your top three choices for each of the following areas of interest:

Personal: Out of school recreational activities:

Academic: Classes or subjects you like best:

Work Preferences: Do you like to work with people, ideas, or things?

Skills: What are personal skills and talents that might help you to make a career choice?

POST-SECONDARY PLANS

What are your plans after graduation?

What field of study would you like to pursue?

What are your career goals?

Is there anything you wish to share with the LPP staff that may be relevant information for us to know in evaluating your application for this program?

REFERRAL

Please provide the name and contact information of the person recommending you to LPP:

Applicant Statement

I am applying to the Pace University's Liberty Partnerships Program to improve my academic skills and take full advantage of the services offered. I understand that if I am accepted to the program, I will be subject to the program expectations outlined below. I also agree to strive to do my best from my date of acceptance until my completion of the program.

_____ _____

Student's Signature Date

Additional notes:

FOR THE PARENT(S)/GUARDIAN(S) TO COMPLETE

Please provide the following contact information. All information will remain private.

Parent/Guardian's Name _____

Email _____

When is the best time to contact you?

_____

Daytime Phone _____
Nighttime Phone _____

Highest level of school completed:

Parent/Guardian's Name _____

Email _____

When is the best time to contact you?

_____

Daytime Phone _____
Nighttime Phone _____

Highest level of school completed:

How many people live in your home and appear on your tax forms, including you? _____

What are the ages of the children living at home?

_____

Does anyone in your family currently attend college? _____
If yes, who?_____

Parental Statement

I certify that all of the information on this Application form is accurate and complete to the best of my knowledge.

By signing below, I give permission for the Liberty Partnerships Program to consult a counselor when such counseling is deemed by the Program to be appropriate, and if necessary to refer my child for academic counseling. By signing below, I agree to participate in my child's educational experience at the Pace University's Liberty Partnerships Program. Whenever possible, I will

attend Parent's meetings that relate to my child's progress, such as LPP Parent Meetings, Open House Night, Workshops, College Preparation & Financial Aid Seminars, and LPP Board Meetings for Parents. I agree to assist with the financial aid planning for college/post secondary options, by providing needed documents in a timely fashion. I agree to use the Liberty Partnerships Program as a resource in my child's educational experience.

_____ _____

Parent(s)/Guardian(s) Signature Date

PACE UNIVERSITY LPP STUDENT MEMBER PROGRAM EXPECTATIONS

LPP participants are expected to:

1. Inform LPP of any changes in their class schedule, home/phone, or other personal information.

2. Attend scheduled group meetings/advisement sessions with the LPP staff, as needed.

3. Sign up and attend SAT/ACT review classes as the participants deem necessary to support their college and postsecondary goals.

4. Check in with program staff in the LPP Office at least twice a month and attend biannual one-on-one meetings with LPP Site Coordinator. Contact LPP staff and tutors beforehand, by phone or in person, if they cannot make any scheduled appointment or meeting.

5. Participate and/or engage in a minimum of four LPP activities and academic, social, cultural/recreational and enrichment workshops per month. This can include workshops, small and large panels, small group sessions, site-specific and program-wide events, college tours, SAT and subject-matter tutoring, and engagement with staff in LPP Office..

6. Obtain permission from their parent(s) or guardian(s) for any trip which might occur during the semester. (Participants will not be allowed to attend the trip without the program's parental consent form on file and trip consent form signed in advance.)

7. Conduct themselves in accordance with their school and applicable LPP & Pace University policies and procedures (available here: [LPP Website Place Holder] and https://paceuniversity.sharepoint.com/sites/Policies).

8. Demonstrate respectful regard for the rights and welfare of other students and staff associated with the program. Participants may not engage in any form of bullying, harassment, or discrimination that violates their school or LPP and Pace University policies and procedures.

APPLICANT & PARENT ACKNOWLEDGMENT

As a prospective LPP student member and the Parent of an LPP student member, we understand the program expectations and agree to comply. We further understand that an LPP student member may be asked to leave the program if they do not meet program participation expectations.

Student's Signature:_____ Today's Date:_____

Parent's Signature:_____ Today's Date:_____

PACE UNIVERSITY'S
LIBERTY PARTNERSHIPS PROGRAM

1 Pace Plaza, New York, NY 10038
212-346-6941

Photograph Release

I hereby expressly grant to the Pace University Center for Undergraduate Research Experiences, the right to photograph me and use throughout the world in perpetuity my picture, silhouette, and any other reproductions of my physical likeness or recordings of my voice including, but not limited to my speaking, singing, and any sound effects produced by me on motion picture film, video, still photography, audio recording tape, and/or any other medium or media connected with or in conjunction with the production, project, and campaign for all use including, but not limited to theatrical, commercial, promotional, or any and all other media now or hereafter known directly or indirectly associated with said materials, including advertising and production in print-commercial or trade promotion, along with all forms of after-making, packaging, and promotion and any future marketing or distribution such as videocassette or video disc, etc.

I expressly release to you and your agents or representatives or any institution transmitting, selling, or exhibiting the said materials from any claims arising from my participation and inclusion in the material.

I agree to be fully responsible for my own participation in the production and hold you harmless from any liability, loss, or expense arising from the use of my voice or likeness in the production. I also consent to the use of my name, likeness, and voice and any material about me for promotional, publicity, or organizational purposes.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and intend to be legally bound by it.

Signed _____ Date _____

Print Name: _____

I am over 18 years of age. ☐ Yes ☐ No
If No, legal guardian must sign below.

Signature of Parent / Guardian: _____ Date: _____

Print Name: _____ Phone #: _____

PACE UNIVERSITY'S
LIBERTY PARTNERSHIPS PROGRAM

1 Pace Plaza, New York, NY 10038
212-346-6941

Parental Consent Form

Student Name_____ Official Class_____

I give my child (named above) permission to fully participate in the Pace University Liberty Partnerships Program. *Full participation in this case includes the following: all tutoring, counseling, home visits and/or any other outreach efforts, trips, exercises, small discussions, academic and enrichment workshops, all related testing to monitor student progress and evaluate effectiveness, and any and all other allied activities that occur under the auspices of this program*. In consideration for my child's participation, I hereby release Pace University, its officers, employees, volunteers, interns, and students, and his/her respective high school (named below), from claim, legal actions, and damages which might result from his/her participation in the program including related transportation. I authorize the Pace University Liberty Partnerships Program to obtain copies of, and/or review academic school records (i.e., transcript, progress reports, report cards), and understand that records will be used in planning appropriate support services for my son/daughter. I acknowledge that all LPP staff/ interns/ volunteers have a duty to protect the safety and well being of my child. I understand that all information will be kept private.

***Student Information*:**

Grade Level: _____ Student OSIS#: _____

School: _____

Guidance Counselor:_____

Consent is given by

_____ _____
Print Parent's/Guardian's Name Home Phone #

_____
Home Address

_____ _____ _____
City State Zip Code

_____ _____ _____
Signature of Parent/Guardian Today's Date Day/Work Telephone

NEW YORK CITY CAMPUS
1 PACE PLAZA
NEW YORK, NY 10038-1598
(212) 346-1200

LIBERTY PARTNERSHIPS PROGRAM HEALTH FORM

The information recorded here is required in case of an emergency. In order to provide services to address special medical problems, we need accurate and complete information regarding your child's health. All information is confidential. Please print information clearly.

Student Name _____

Address _____

City _____ State _____ Zip Code _____

Sex ☐ M ☐ F

Tel # _____ Cell # _____

Parent/Guardian Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Cell # _____

In case of Emergency, who else may we contact other than the parent/guardian?

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Business Phone # _____ Cell # _____

In the event of a student's illness or other medical emergency, the Pace University LPP staff will immediately see to the student's care. In order to seek medical attention we require the following information:

Is the family covered by medical insurance? ( )Yes ( ) No
Policy Name and Number _____
Company's Name _____
Is the Family covered by Medicaid? ( )Yes ( ) No
Identification #: _____

Are there any allergies or other health concerns that you would like to inform us about (e.g., if your child is allergic to penicillin or takes medication regularly)? Please explain:

I, _____, legal guardian of _____ authorize the LPP Staff to seek medical attention during his/her participation in the program.

_____ _____

Parent/Guardian Signature Date