College Bound

⇒ Familiarize yourself with the college experience and application process!
⇒ Develop leadership and life skills!
⇒ Understand financial aid resources!
⇒ Meet new people and have fun!

Space is limited, so sign up as soon as possible!
Be sure to come with a good attitude and be prepared to learn and have a great time!

Take Charge of Your Future!

Who: Students entering 9th-12th grade

Where: UW-Waukesha
1500 N. University Dr.
Waukesha, WI 53188

When: July 13-24th from 9am-3pm

For more information, contact:
James M. Boling, Jr.
UW-Waukesha
Multicultural Services and Pre-College Programs
1500 N. University Dr.
Waukesha, WI 53188
Phone: 262-521-5502
E-mail: james.boling@uwc.edu

Visit our website to get an electronic application!
http://waukesha.uwc.edu/community/pre-college
Or fill out the enclosed application!
Application deadline is May 29th
Did you remember to SIGN the...

- Common Registration Form (both student and parent)
- DPI Pre-College Scholarship Application
- Record Release and Consent Form
- Consent for Medication and Medical Treatment

And, include your...

- Most Recent Report Card
- Student Identification Number
- Address and Contact Information

Please return information to:

James M. Boling Jr., Multicultural Services and Pre-College Programs
University of Wisconsin—Waukesha
1500 N University Dr. Waukesha, WI 53188
Phone: 262-521-5502 * Fax: 262-521-5530
Email: james.boling@uwc.edu

Updated
2/26/2015
Common Registration Form.

Student Name:  last                                     first   middle

Date of Birth:   MM/DD/YYYY   Gender:   Male   Female

Current School Grade Level: _____________

School Attending: _______________________________________   School ID/Social Security Number: __________

Cumulative Grade Point Average: _____________  (copy of transcript required)

Race/Ethnicity – Please answer both a and b. Check ALL that apply.

a. Is the student Spanish/Hispanic/Latino/a?
   -   No, not Spanish/Hispanic/Latino/a
   -   Yes, Puerto Rican
   -   Yes, Mexican American, Chicano/a
   -   Yes, Cuban
   -   Yes, other Spanish/Hispanic/Latino/a – print group __________________________

b. What is the student’s race? Please check ALL that apply.
   -   American Indian/Alaska Native – please specify principal WI or Other tribe & reservation __________________________
   -   Asian Indian
   -   Black or African American
   -   Cambodian
   -   Chinese
   -   Filipino
   -   Guamanian or Chamorro
   -   Hmong
   -   Japanese
   -   Korean
   -   Laotian
   -   Native Hawaiian
   -   Samoan
   -   Vietnamese
   -   Other Asian – please specify __________________________
   -   Other race – please specify __________________________

Student Parent/Primary Contact Information (primary phone number and address)

Parent/Primary Name: ______________________________________   Cell Phone Number: ______________________

Street Address: ______________________________________   Work Phone Number: ______________________

City/State/Zip: ______________________________________   Student Cell Phone: ______________________

Parent/Primary Home Phone: ______________________   Parent/Contact e-mail: __________________________

Relationship to Student: ______________________   Student/Contact e-mail: __________________________

HEAD OF HOUSEHOLD

Female: Have you earned a bachelor’s degree from a four-year college or university?   Yes   No

Male:  Have you earned a bachelor’s degree from a four-year college or university?   Yes   No

Does your family qualify for or receive Free or Reduced lunches?   Yes   No

Does your family qualify for or receive any other forms of state or federal support (TANF, food stamps, etc.)?   Yes   No

Have you been a DPI Precollege Scholarship Recipient?   Yes   No

Areas of Interest – Please check the most interesting (up to three).

-  Agriculture
-  Business
-  English/Literature
-  Languages
-  Music
-  Music
-  Mathematics
-  Geosciences
-  Social Science/Culture
-  Other – print area of interest __________________________

I certify that the above information is true and correct to the best of my knowledge. I agree to the release of my school transcript(s) to the UW-Your Campus

Office of Precollege Programs and to the Wisconsin Department of Public Instruction.

Student Signature ______________________   Date ______________

I certify that the above information is true and correct to the best of my knowledge. I agree to the release of my school transcript(s) to the UW-Your Campus

Office of Precollege Programs and to the Wisconsin Department of Public Instruction. I understand that the information provided will be used solely for program evaluation and

program eligibility purposes and will be kept confidential.

Parent Signature ______________________   Date ______________
Wisconsin Department of Public Instruction
PRECOLLEGE SCHOLARSHIP APPLICATION
PI-1573 (Rev. 01-14)

College Applying To: UW-Waukesha - Pre-College Program

Program Name: College Bound

You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals and, must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out Section I—Student Information completely. Parent/Guardian must sign in the space provided. Give this form to your principal, food services authorized representative at your school for completion of Section II. Once the signature is acquired through your middle or high school, mail it to the college that is coordinating for the precollege course your child is applying to attend.

When the college receives your application for the precollege course they will enter you into their program and mail the application to the DPI/WEOP personnel who will enter it into the DPI/WEOP database for Precollege Programs. Only then will the child be in our system for repayment for precollege courses to the colleges who are participating through the DPI/WEOP program.

I. STUDENT INFORMATION

Name Last First Middle Initial

Street Address City State Zip

Date of Birth Sex

Check only one (For Statistical Purposes)

□ Hispanic or Latino □ Not Hispanic or Latino

□ American Indian or Alaska Native □ Asian □ Black or African-American □ Native Hawaiian/Other Pacific Islander □ White

Current Grade Level

5 6 7 8 9 10 11 12

Anticipated Year of High School Graduation

School Presently Attending School District Name

College Program

I HEREBY AUTHORIZE release of my child’s verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian Date Signed Mo./Day/Yr.

II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member:

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals? □ Yes □ No

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative Title Telephone Area/No.

Verification Signature Date Signed Mo./Day/Yr.
**Record Release and Consent Form**

This form is to receive your permission as the parent or legal guardian of:

__________________________________________________________

Name of Child

- Receive the applicant’s school records and conduct school visits;
- Grant permission for the applicant to travel to and from all program sponsored activities;
- Have you assumed all risks and responsibilities surrounding the applicant’s participation;
- Authorize the administration of emergency medical care to the applicant in the event you cannot be reached;
- Grant permission for your child to be photographed for news release and/or recruitment materials;

List the school your child now attends _________________________________________

I grant permission for the University of Wisconsin – Waukesha to obtain a copy of my child’s report card for one year as of this date. I understand that solely the Pre-College Program will use this information and that the contents will be kept confidential.

Permission is also granted for the applicant to participate in, and travel to and from all program sponsored activities for the duration of his/her enrollment in the program.

Thereby voluntarily agree to assume all risks and responsibilities surrounding my child’s participation in the University of Waukesha Pre-College Programs. I hereby release and agree to indemnify the Board of Regents of the University of Wisconsin System, its officers, agents, employees, and volunteers from any liability of damage to personal property or personal injury, which may result from my child’s participation.

Thereby consent/ authorize the administration of emergency care to the applicant in the event I cannot be reached. On an off-campus field trip, this authorizes University Personnel to obtain treatment from any reasonable accessible health care institution should the need arise. I understand that I will be notified as soon as possible of any emergency situation. Further, I understand that I am responsible for the costs of all services and medications.

I hereby consent/ authorize my child’s photograph to be taken only for purposes of news stories about the Pre-College Programs and/or for recruitment brochures and materials.

I certify that I have read and understand the above statements.

_____________________________  ____________________________
Signature of Parent/Guardian   Date

**EMERGENCY CONTACT INFORMATION**

Please list a family member/close friend that can be contacted in case of an emergency if we are unable to reach a parent or guardian.

Name: _____________________________  Relationship to Student: _____________________________
Street Address: _____________________________  City/State/Zip: _____________________________
Home Phone Number: _____________________________  Work Phone Number: _____________________________
Work Phone Number: _____________________________  E-mail: _____________________________
Consent for Medication and Medical Treatment

Participant Full Name _____________________________________________________

Date of Birth ___________________________________ Male/Female ______________

Full Home Address _______________________________________________________

Parent/Guardian Name ____________________________ Phone __________________

Emergency Contact Name _________________________ Phone___________________

Physician _______________________________________ Phone __________________

Address ________________________ Insurance ______________Policy#____________

My child has the following medical condition(s)
________________________________________________________________________

My child has the following allergies (foods, medications, etc)
________________________________________________________________________

My child is currently on the following medication(s)
________________________________________________________________________

I hereby voluntarily agree to assume all risks and responsibilities surrounding my child’s participation in the Pre-College Programs. I hereby release and agree to indemnify the Board of Regents of the University of Wisconsin System, its officers, agents, employees, and volunteers from any liability of damage to personal property or personal injury, which may result from my child’s participation. I hereby consent/authorize the administration of emergency care to the applicant in the event I cannot be reached. On an off-campus field trip, this authorizes the University Personnel to obtain treatment from any reasonable accessible health care institution should the need arise. I understand that I will be notified as soon as possible of any emergency situation. Further, I understand that I am responsible for the costs of all services and medications.

I certify that I have read and understand the above statements.

Signature of Parent/Guardian                                                                     Date