University Camp

♦ College and Career Awareness
♦ Leadership and Life Skills
♦ Explore Personal Interests and Skills!
♦ 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
learn and have a great time!

Who: Students entering 6th-8th Grade
Where: UW-Waukesha
When: June 16th – June 20th 9:00am-3:00pm

For More Information Contact:
James M. Boling Jr.
james.boling@uwc.edu
UW-Waukesha
Pre-College Programs
1500 N. University Drive
Waukesha, WI 53188

What students say:
“I loved it; I had a lot of choices, I felt like this program cleared my eyes and opened them for the future. I would love to come back next year!”

Visit the website to print your own application:
http://waukesha.uwc.edu/community/pc_college

Application deadline is Friday, May 16th
Please make sure you have all of the required signatures. Your application will be returned if signatures are missing.

DO YOU HAVE?
- Common Registration Form (both student and parent signatures)
- DPI Pre-College Scholarship Application (Signed by School Counselor)
- Record Release and Consent Form
- Consent for Medication and Medical Treatment

Please include your...
- Most Recent Report Card
- Student Identification Number or Social Security Number
Common Registration Form.

Student Name: ___________________________ ___________________________ ___________________________

Date of Birth: ____________ / ____________ / ____________

Gender: □ Male          □ Female

Current School Grade Level: ___________________________

School Attending: __________________________

Student ID: __________________________

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, 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
   □ Hawaiian
   □ 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: __________________________

Home Phone Number: __________________________

Street Address: __________________________

Work Phone Number: __________________________

City/State/Zip: __________________________

Student Cell Phone: __________________________

Parent/Primary Cell Phone: __________________________

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
□ Architecture    □ Computer
□ Arts/Humanities □ Education
□ Athletics       □ Engineering
□ Other – print area of interest __________________________

□ English/Literature    □ Languages
□ Environment             □ Law
□ Health Care            □ Math
□ History                □ Medicine

□ Music                □ Natural Science
□ Social Science/Culture
□ Study Skills
□ Nursing
□ Politics

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, __________________________, have my permission to participate in the Precollege Programs sponsored by the University of Wisconsin-Waukesha and 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 __________________________
INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:
Read instructions below. DO NOT MAIL YOUR APPLICATION TO THE DPI/WEOP OFFICE. This will only prolong the child from applying for the DPI Precollege Scholarship and it is based on a first-come first-serve through the college.

INSTRUCTIONS FOR COLLEGE USE ONLY:
Mail application to: Enter name and address of college or institution.
UW-Waukesha, Pre-College Programs
Attn: James Boling Jr.
1500 N. University Drive
Waukesha, WI 53188

College Applying To
 UW-Waukesha - Pre-College Program

Program Name
 University Camp

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

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First</th>
<th>Middle Initial</th>
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<th>Street Address</th>
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Date of Birth

Sex

- Male
- Female

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 __________________________