University Camp

⇒ Engage in college and career awareness!
⇒ Develop 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 to learn and have a great time!

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 27th

Take Charge of Your Future!

Who: Students entering 6th-8th grade

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

When: June 20th-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

there’s a U for YOU!
Information Checklist

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 |
Common Registration Form

Student Name: ___________________________ ___________________________ ___________________________  
Date of Birth: __________/________/_________ 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 ☐ Guamanian or Chamorro ☐ Native Hawaiian ☐ White

☐ Black or African American ☐ Hmong ☐ Samoan

☐ Cambodian ☐ Japanese ☐ Vietnamese

☐ Chinese ☐ Korean ☐ Other Asian – please specify ______

☐ Filipino ☐ Laotian ☐ 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

☐ Architecture ☐ Computer ☐ Environment ☐ Law

☐ Arts/Humanities ☐ Education ☐ Health Care ☐ Math

☐ Athletics ☐ Engineering ☐ History ☐ Medicine

☐ 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

____________________________ ___________________________
Parent 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.
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>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
</tbody>
</table>

*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

<table>
<thead>
<tr>
<th>Current Grade Level</th>
<th>Anticipated Year of High School Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 6 7 8 9 10 11 12</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School Presently Attending</th>
<th>School District Name</th>
<th>College Program</th>
</tr>
</thead>
</table>

**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.
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**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:

______________________________________________ for the following:

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: ____________________________
Cell 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 __________