

WAUKESHA COUNTY COLLEGE PREP

Preparing you for the next step in your life.

UW-Waukesha

Every Thursday

4:30pm – 6:30pm



**Pre-College Center
Room C126**

**Start Date:
October 18, 2018**

- **Explore Higher Education Options**
- **Discover College Majors and Careers**
- **Build Leadership Skills**
- **Identify Skills and Personal Interests**
- **Participate in Fieldtrips and Enrichment Activities**

**LW
Extension**
University of Wisconsin-Extension

Please mail all applications to **
1500 N University Dr.
Waukesha, WI, 53188



Information Checklist

**Please make sure you have all of the required signatures.
There is no cost for participation in the program.**



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 or Grades**
- **Student Identification Number or Social Security Number**



FOR MORE INFORMATION CONTACT:

Millie Wenzel
Multicultural Services and
Pre-College Programs
1500 N. University Dr.
Waukesha, WI 53188
Phone: 262-521-5502
Email: millie.wenzel@uwc.edu



Common Registration Form.

Student Name: last first middle

Date of Birth: MM/DD/YYYY Gender: Male Female Current School Grade Level: _____

School Attending: _____ Student 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).

- | | | | | | |
|--|--------------------------------------|---|------------------------------------|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Business | <input type="checkbox"/> English/Literature | <input type="checkbox"/> Languages | <input type="checkbox"/> Music | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Computer | <input type="checkbox"/> Environment | <input type="checkbox"/> Law | <input type="checkbox"/> Natural Science | <input type="checkbox"/> Social Science/
Culture |
| <input type="checkbox"/> Arts/Humanities | <input type="checkbox"/> Education | <input type="checkbox"/> Health Care | <input type="checkbox"/> Math | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Engineering | <input type="checkbox"/> History | <input type="checkbox"/> Medicine | <input type="checkbox"/> Politics | |
- 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

_____ has 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:
 UW - Waukesha, Pre-College Programs
 Attn: Millie Wenzel
 1500 N University Dr.
 Waukesha WI, 53188

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

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 <i>Last</i>	<i>First</i>	<i>Middle Initial</i>	
Street Address	City	State	Zip
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 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 <i>Mo./Day/Yr.</i>
-----------------------------------	--------------------------------

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 <i>Area/No.</i>
Verification Signature ➤	Date Signed <i>Mo./Day/Yr.</i>	

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: _____

Cell 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