Summer 2024 UWM College for Kids & Teens (CFK&T)/Northwestern Mutual Data Science Institute (NMDSI) Certificate Tuition Assistance Application

NORTHWESTERN MUTUAL

DATA SCIENCE INSTITUTE

Northwestern Mutual   MARQUETTE UNIVERSITY   UNIVERSITY of WISCONSIN UWMILWAUKEE

As part of a newly developed partnership with the Northwestern Mutual Data Science Institute, UWM College for Kids and Teens (CFK&T) is now offering a certificate in Data Science. The certificate requires five total classes related to the study of Data Science. This includes three core classes offered every summer and two elective classes from a selection of 14 CFK&T offerings. Core classes are open to students entering 9-12th grade, and can be completed over a three year window. Elective classes are available to students entering 6-12th grades and can be taken at any time prior or simultaneous to the core classes. As part of this partnership Northwestern Mutual Data Science Institute is offering (2) $900.00 tuition assistance opportunities. Below are the requirements for the tuition assistance program.

Tuition Assistance Requirements:

- Student must be in 9th-12th grade.
  (Entering 9th through 12th grade in fall of 2024.)
- Minimum of 2.5 GPA
- Teacher recommendation letter
- Qualify for Free and Reduced Lunch
- Write a 2-3 page essay about their future goals and career ambitions. **(Must be in MLA Format.)**

Please attach your teacher recommendation letter and essay to this application when applying for the CFK&T/NMDSI Certificate Tuition Assistance Program.

Additional Information. Please read and initial all sections below.

I understand that should my child be awarded a scholarship, he/she will be entitled to enroll in **up to three (3) classes during the summer of 2024** for the amount of $900.
initial here _____.

I understand that as funding is available, scholarships will be awarded January 2nd- May 31st. I also understand that I will be notified of this award by email, and I have a specified timeline to accept this scholarship and enroll in Data Science Classes. I also understand that this scholarship award covers only enrollment into any of the three core and/ or two required elective classes.
 initial here _____.

I understand that if I choose to enroll in a class at full price to secure a spot, my money will only be refunded if my child is awarded a scholarship.
initial here _____.
If you choose to enroll on your own, contact registration at 414-227-3200. **Please do not send cash, check or money orders. Payment will be required at the time of registration.** *Your child is not enrolled in the class until payment is received.* **If you are applying after March 1, please call our office or check online to see if we are still accepting applications.**

I understand that if my student accepts this scholarship they are responsible to attend all classes the student is enrolled in related to the Data Science Institute Tuition Assistance Program. If the student misses more than two days they will forfeit their scholarship and any future scholarship opportunities with UWM College for Kids and Teens. *initial here* _____.

THIS FORM MAY BE DUPLICATED

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PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN TO:

UWM School of Continuing Education
College for Kids & Teens   Or scan and email to: cfkids@uwm.edu
161 W. Wisconsin Avenue
Suite 6000
Milwaukee, WI 53203

APPLICATION FORM
Please print legibly. Be sure to fill out all sections on this applications or it will not be valid.

Student Name: _____

Grade Level Fall 2024: _____

Student Birthday: (D/M/Y)_____

Parent/Guardian Name: _____

Parent/Guardian Primary email address: _____

Address: _____APT #: _____

City: _____   State: _____   Zip: _____

Parent/ Guardian Primary phone number: _____
Secondary phone number: _____

I wish to have my child considered for a College for Kids and Teens/NMDSI Certificate Tuition Assistance Application.

Parent/Guardian Signature: _____ Date: _____

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FINANCIAL NEED FORM
Please print legibly. Be sure to fill out all sections on this application or it will not be valid.

I verify that _____ is eligible for the reduced-fee meal program at our school.
(Student's name)

_____ Date: _____
(Principal's Signature)

School: _____ School Office Phone: _____

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