Mini-Course Program

ACT PREPARATION CLASS

FALL 2022
October 1 - November 12

SPRING 2023
January 7 - February 18

ACT TEST TAKING EXPERIENCE

FALL 2022
October 1 or November 12

SPRING 2023
January 7 or February 18
ACT PREPARATION CLASS

FOR 11TH & 12TH GRADE STUDENTS
Fee: $185 or DPI Pre-College Scholarships Available
2.5 core GPA is required to enroll in the ACT Preparation Class

Seven Consecutive Saturdays!

Fall 2022 Semester Available

Test Taking Experience Dates:
October 1: 8am-12pm
(Registration Deadline – September 23, 2022)
November 12: 8am-12pm
(Registration Deadline – November 4, 2022)

Registration Deadline: September 23, 2022

Spring 2023 Semester Available

Test Taking Experience Dates:
January 7: 8am-12pm
(Registration Deadline – December 16, 2022)
February 18: 8am-12pm
(Registration Deadline – February 10, 2023)

Registration Deadline: December 16, 2022

ACT Preparation Class Registration Checklist

☐ Complete Registration Form
☐ Complete Class Consent/Medical Consent/Emergency Contact
☐ Complete Behavioral Consent/Assumption of Risks/Waiver of Risks
☐ Copy of most recent report card/transcript classes. Minimum GPA of 2.5 in core classes (Includes only variations of reading, math, English, science, social studies, and foreign languages)
☐ $185 check/money order or a completed and signed DPI Pre-College Scholarship

*Make check payable to: UW-Milwaukee, Mini-Course Program

Send the completed registration to the Mini-Courses office via:
Fax: (414) 229-3490
Email: minicourses@uwm.edu
In-Person: 3203 N. Downer Ave.
Mitchell Hall, Rm 141
Milwaukee, WI 53211
Mail: Mini-Course Program
UW-Milwaukee
P.O. Box 413
Milwaukee, WI 53201-0413

ACT Test Taking Experience Checklist

Please submit the following items to the Mini-Courses office via fax, email, in-person or mail to the address provided.

☐ Complete Registration Form
☐ Complete Class Consent/Medical Consent/Emergency Contact
☐ $25 check/money order

*Make check payable to: UW-Milwaukee, Mini-Course Program
**REGISTRATION FORM**

**ACT PREPARATION CLASS** - *Seven Consecutive Saturdays!*

- Fall 2022 Semester Session 1
  October 1 – November 12, 2022
- Spring 2023 Semester Session 2
  January 7 – February 18, 2023

-OR-

**ACT TEST TAKING EXPERIENCE** - *One Saturday Only!*

<table>
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<tr>
<th>Fall 2022 Available Dates</th>
<th>Spring 2023 Available Dates</th>
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<tr>
<td>□ October 1: 8am-12pm</td>
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<td>□ February 18: 8am-12pm</td>
</tr>
</tbody>
</table>

☐ My child has special needs and/or requires accommodations - Please contact the Mini-Courses Program Manager.

Student's Name________________________________________ Current Grade____________________

Birth Date________________________ Sex: □ Male □ Female

School Attending________________________________________ School Phone #____________________

Are you interested in attending UWM? □ Yes □ No Have you applied to UWM? □ Yes □ No

**Primary Contact Information**

Parent/Guardian's Name_________________________________ Relationship to Student

Address__________________________________________ City________ Zip____________

Parent Mobile Number______________ Parent Email Address________ Parent Initials________

Student Mobile Number______________ Student Email Address________ Parent Initials________

**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 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

**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/Alaskan 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 □ White
   □ Other Asian—please specify ____________________________ □ Other race—please specify ____________________________

**Areas of Interest - Please check only THREE that apply.**

□ Agriculture □ Architecture □ Arts/Humanities □ Athletics □ Business □ Computer □ Education □ Engineering
□ English/Literature □ Environment □ Health Care □ History □ Languages □ Law □ Math □ Medicine □ Music
□ Natural Science □ Nursing □ Politics □ Social Science/Culture □ Study Skills
□ Other race—please specify _____________________________________________________________

□ My child has special needs and/or requires accommodations - Please contact the Mini-Courses Program Manager.

**Student’s Name________________________________________ Current Grade____________________**

**Birth Date________________________ Sex: □ Male □ Female**

**School Attending________________________________________ School Phone #____________________**

**Are you interested in attending UWM? □ Yes □ No Have you applied to UWM? □ Yes □ No**

**Primary Contact Information**

**Parent/Guardian’s Name_________________________________ Relationship to Student**

**Address__________________________________________ City________ Zip____________**

**Parent Mobile Number______________ Parent Email Address________ Parent Initials________**

**Student Mobile Number______________ Student Email Address________ Parent Initials________**

**Head of Household**

**Female** Have you earned a bachelor's degree from a four-year college or university? □ Yes □ No

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□ Natural Science □ Nursing □ Politics □ Social Science/Culture □ Study Skills
□ Other race—please specify _____________________________________________________________
MEDICAL CONSENT FORM

TO THE PARENT(S) OR LEGAL GUARDIAN: If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-Milwaukee, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper’s name, doctor’s name and phone number, medication name, and dosage. You must also complete the form below:

☐ No medication has been brought to camp.
☐ I want the medication or medical devices self-administered. (Age 14 and above only.)
☐ I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my son/daughter/ward. (i.e. bee sting kits, inhalers)

Name of Medication(s)  Prescribing Doctor  Doctor’s Phone #
Amount to be taken  How is it taken?  When to be administered

Day(s) to be taken  Special Instructions
• If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
• By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
• By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
• By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Milwaukee, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Student’s Name (Please Print)  Signature of Parent or Guardian  Date

EMERGENCY CONTACT INFORMATION
Name and address of relative or close friend to be contacted in case of emergency if we are unable to reach parents/guardian.

Name  Relationship to Student
Address  City  State  Zip
Home Phone  Cell Phone  Work Phone
BEHAVIORAL CONTRACT

Our programs and activities are designed to help you increase your academic and social abilities – helping you work toward a better future. For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do his/her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

Both parents and students are asked to read and sign this paper below. Thank you!

Student Responsibilities

1. To behave in a respectful manner to presenters, tutors, program staff, and other students.
2. To avoid abusive or loud language.
3. To ask questions if you do not understand what is being discussed.
4. To respect the property of other students, presenters, tutors, and the university.
5. To arrive on time and remain for the entire session.
6. To not bring radios, head phones, beepers, or cellular phones to workshops or tutoring sessions.
7. To not wear hats or caps during programs, except where a student may have a religious or closely held belief for doing so.
8. A student bringing any kind of weapon will automatically be dismissed from the program.
9. To not engage in any inappropriate conduct, including sexual activity, while participating in any aspect of the program.
10. To not engage in any illegal activity while participating in any aspect of the program, including possession or use of alcohol or controlled substances without medical authorization.

Students not maintaining these standards will typically be warned and the parents will be contacted. Following a second warning, and upon consultation with the staff, a student may be dismissed from the program. UWM, however, reserves the right to impose discipline as it deems appropriate, including automatic dismissal from the program.

Parent/Guardian Responsibilities:

1. To encourage your student to participate and do his/her best – your interest and involvement are crucial to their success.
2. To participate in parent workshops as often as possible. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
3. To provide transportation to and from the program – please be sure that the student arrives on time and is picked up promptly.
4. To communicate with the program in writing about any special needs or circumstances. For example, if a student attending alone needs to leave early, please send a note.

Thanks to all parents and students for your understanding and cooperation in these matters!

I have read and agree to abide by the above expectations for the Mini-Courses ACT Preparation Class.

Signature of Participant __________________________ Date ____________

Parent/Guardian Signature __________________________ Date ____________

PLEASE READ THE FOLLOWING CAREFULLY. IF YOU HAVE ANY QUESTIONS REGARDING THIS AGREEMENT OR WOULD LIKE TO NEGOTIATE ITS TERMS, CONTACT MINI-COURSES AT 414-229-6236.

ASSUMPTION OF RISKS

You are being asked to sign this form because you would like to participate in the above-listed event (Mini-Courses) sponsored by the University of Wisconsin-Milwaukee (“UWM”). Before you can participate, UWM asks that you read this document carefully. If you want to ask questions about this document or request changes to it, you can do so by contacting the party listed above.

By participating in Mini-Courses, you are putting yourself at some risk (e.g., harm by other participants, etc.). The specific risks vary from one activity to another, but resulting injuries can range from minor (e.g., scratches and bruises), to major (e.g., fractures and internal injuries), or catastrophic (e.g., paralysis and death). UWM recommends you minimize your risks by carrying insurance (insurance is not provided by UWM). Please sign here to indicate that you understand that risks are inherent in the Mini-Courses program and you knowingly and willingly accept those risks.

Signature of Participant __________________________ Date ____________

Parent/Guardian Signature __________________________ Date ____________

WAIVER OF RIGHTS

In exchange for allowing you to participate in the Mini-Course Program, UWM asks that you agree not to make a claim against UWM if you are injured while participating in the Mini-Course Program, even if your injury was caused by UWM’s negligence. This means you are giving up your right to sue UWM if you injured during the Mini-Course Program. “Injury” refers to injuries to both your body and your property, whether caused by a UWM employee or a third party. You are not being asked to give up your rights in the event UWM acts recklessly or in an intentionally destructive manner.

Please sign here to confirm that you are willing to give up your claims and rights against UWM in the event you are injured (including the right to sue).

Signature of Participant __________________________ Date ____________

Parent/Guardian Signature __________________________ Date ____________
**PRECOLLEGE SCHOLARSHIP APPLICATION**

**PI-1573 (Rev. 11-18)**

**Mail Application to:**

UWM Mini-Courses Program  
P.O. Box 413  
Milwaukee, WI 53201-0413

**INSTRUCTIONS FOR COLLEGE USE ONLY**

Enter name and address of college or institution in space above.

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**College Applying To**

University of Wisconsin-Milwaukee

Precollege Program Name  
Mini-Courses ACT Preparation Class

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 or food services authorized representative at your school for completion of Section II. Once the signature is acquired through your middle or high school, mail the completed scholarship application to the college or university that is offering the precollege program.

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**I. STUDENT INFORMATION**

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

| Street Address | City | State | Zip |

<table>
<thead>
<tr>
<th>Phone Number Area Code/No.</th>
<th>Email</th>
<th>Date of Birth Mo./Day/Yr.</th>
<th>Gender</th>
</tr>
</thead>
</table>

**Check only one (For Statistical Purposes Only)**

- [ ] Hispanic or Latino  
- [ ] Not Hispanic or Latino

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

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

<table>
<thead>
<tr>
<th>School Presently Attending</th>
<th>School District Name</th>
<th>No. of Prior Precollege Scholarships Received This Year</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.
Departamento de Instrucción Pública de Wisconsin
SOLICITUD DE BECAS PREUNIVERSITARIAS
PI-1573-Spanish (Rev. 06-17)

Universidad a la que realiza la solicitud

University of Wisconsin-Milwaukee

Nombre del programa preuniversitario

Mini-Courses ACT Preparation Class

Puede recibir tres becas preuniversitarias del Departamento de Instrucción Pública (Department of Public Instruction, DPI) como máximo por año.

INSTRUCCIONES PARA EL ESTUDIANTE/PADRE. El estudiante debe reunir los requisitos para recibir comidas gratuitas o a un precio reducido en la escuela. Además, debe haber terminado quinto grado, pero no debe haber terminado la escuela secundaria para recibir una beca preuniversitaria del DPI.

Complete la sección I: Información sobre el estudiante exclusivamente. El padre/tutor debe firmar en el espacio provisto. Entregue este formulario al director o al representante autorizado del Servicio de comidas en su escuela a fin de que se complete la sección II. Una vez que la escuela secundaria firmó la solicitud, envíe la solicitud de beca completa por correo a la universidad que ofrece el programa preuniversitario.

I. INFORMACIÓN SOBRE EL ESTUDIANTE

<table>
<thead>
<tr>
<th>Apellido</th>
<th>Nombre</th>
<th>Inicial del segundo nombre</th>
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<tr>
<th>Calle</th>
<th>Ciudad</th>
<th>Estado</th>
<th>Código postal</th>
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<tr>
<th>Número de teléfono (código de área)</th>
<th>Correo electrónico</th>
<th>Fecha de nacimiento (mes/día/año)</th>
<th>Sexo</th>
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Marque solo una opción (para fines estadísticos únicamente)

- [ ] Hispano o latino
- [ ] Ni hispano ni latino
- [ ] Nativo de América o Alaska
- [ ] Asiático
- [ ] Negro o afroamericano
- [ ] Nativo de Hawái/Otra Isla del Pacífico
- [ ] Blanco

Nivel de grado actual

- [ ] 5
- [ ] 6
- [ ] 7
- [ ] 8
- [ ] 9
- [ ] 10
- [ ] 11
- [ ] 12

Se graduó un año antes de la escuela secundaria

Asiste actualmente a la escuela

Nombre del distrito escolar

Cantidad de becas preuniversitarias que recibió anteriormente durante este año calendario

POR LA PRESENTE, AUTORIZO a que se entregue el comprobante de elegibilidad de mi hijo/a para recibir comidas gratuitas o a un precio reducido en la escuela al campus preuniversitario y al DPI.

Firma del padre/tutor

Fecha de la firma (mes/día/año)

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.
TRIO & Pre-College Programs
MINI-COURSE Program
P.O. Box 413
Milwaukee, WI 53201-0413

RETURN SERVICE REQUESTED

ACT TEST TAKING EXPERIENCE
Fall 2022 October 1 or November 12
Spring 2023 January 7 or February 18

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revised 3/16/22