

UWM at Waukesha Pre-College



COLLEGE BOUND 2019

Take Charge of Your Future!

UWM at Waukesha's Summer Pre-College program is a great opportunity for students to participate in hands on workshops and activities that focus on science, technology, engineering and math. Students will explore college and career options, develop leadership skills and participate in enrichment activities and field trips.

Who: Students entering 9th - 12th grade

When: July 15th – 26th from 9AM-3PM

Where: UWM at Waukesha
1500 N. University Drive
Waukesha, WI 53188

Space is limited. Sign up as soon as possible!
Be sure to come with a positive 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 Friday, June 7th

Information Checklist

The program is funded by the Department of Public Instruction. All students are eligible to apply for the Wisconsin Department of Public Instruction (DPI) Precollege Scholarship. If students complete the Precollege Scholarship Application form and are eligible for free or reduced lunch, the scholarship will cover the cost for the program fee, meals, supplies and activities.

****Students who are not eligible for free or reduced lunch, qualifying them for the DPI Precollege Scholarship are still able to participate in the program, for a fee of \$200**.**

Did you remember to COMPLETE...

- Common Registration Form (both student and parent)**
- DPI Pre-College Scholarship Application (school signature required verifying eligibility for free or reduced lunch)**
- Record Release and Consent Form**
- Elective selection**

And, Include your...

- Most Recent Report Card**
- Student Identification Number**
- Address and Contact Information**

Please return application to:

Millie Wenzel

UWM at Waukesha - Multicultural Services and Pre-College Programs

1500 N. University Dr.

Waukesha, WI 53188

Phone: 262-521-5502 Email: millie@uwm.edu



College Bound Electives Summer 2019

Please print the student's name and grade below.

Rank the following class choices to your preference (first, second, third) on the line provided. Class selection is first come, first serve, space is limited.

Name: _____ Grade: _____

_____ SOCCER

Are you interested in learning the technical and tactical skills of soccer? In this class we will be learning ball control, passing, defending and more. At the end of this class everyone will have a better understanding of how to progress towards competitive play.

_____ WATTS FOR DINNER?

This four-session interdisciplinary course begins by investigating the biology and ethics of human energy production—eating—by way of the ecological concept of the trophic pyramid and the study of our human place in the environment. We finish with a lively discussion of how this scientific background can lead us to informed choices and a better life.

_____ CARIBBEAN DANCES

Dive deep into the roots of Salsa dancing by learning what came before them; Cuban Rumba, Puerto Rican Bomba, to name a few. Designed to uplift the mind, body and spirit all at once. Come with an open mind to play games, and move like never before. Tennis shoes and comfortable moving gym clothes are encouraged. Bailemos!

_____ ARCHI-SKETCH

If you are interested in drawing and the process of planning and designing buildings/structures, this is the class for you! This course has a focus on drawing as a tool for communication while keeping emphasis on sketching and freehand drawing. Learn the different aspects and shapes of architecture as well as all types of architectural drawings! Arrive with an open mind for creative thinking through sketches.

Common Registration Form.

Student Name: last first middle

Date of Birth: MM/DD/YYYY 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).

- | | | | | | |
|---------------------------------------------------------------|--------------------------------------|---------------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------------------|
| <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 | |
| <input type="checkbox"/> 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:
 UWM at Milwaukee at Waukesha,
 Pre-College Programs
 Attn: Millie Wenzel
 1500 N University Dr.
 Waukesha WI, 53188

College Applying To: UWM at Waukesha Pre-College Program
Program Name: College Bound

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 Last	First	Middle Initial
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	Anticipated Year of High School Graduation
<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	
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:

_____ 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 UWM at 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 UWM at 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
