UWM at Waukesha Pre-College

COLLEGE PREP 2019
Take Charge of Your Future!

• Explore Higher Education Options
• Discover College Majors and Careers
• Build Leadership Skills
• Identify Skills and Personal Interests
• Participate in Educational Fieldtrips and Enrichment Activities
• And more...
• **ONLY for Les Paul Middle School Students**
  - Every Monday 2:45PM – 4:15PM
  - Start Date: September 30th 2019

• **ONLY for Waukesha North High School Students**
  - Every Tuesday 3:10PM – 4:30PM
  - Start Date: October 1st 2019

• **ONLY for Butler Middle School Students**
  - Every Wednesday 2:45PM – 4:00PM
  - Start Date: October 2nd 2019

• **UW-Milwaukee at Waukesha**
  (Open to Waukesha District and close district Students)
  - Every Thursday 4:30PM – 6:30PM
  - Start Date: October 3rd 2019
Common Registration Form.

Student Name: ________________________________

Date of Birth: MM/DD/YYYY

Gender: □ Male □ Female

Current School Grade Level: _____________

School Attending: □ Les Paul □ Butler □ North □ Other: ____________________________

Participating for: □ Fall 19 □ Spring 20 □ Both Fall 19 & Spring 20

Program times: Les Paul: Mondays, 2:45 PM - 4:15 PM

North: Tuesdays, 3:10 PM - 4:30 PM

Butler: Wednesdays, 2:45 PM - 4:00 PM

UW-Milwaukee at Waukesha Campus (Waukesha District): Thursdays, 4:30 PM – 6:30 PM

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

□ Japanese

□ Vietnamese

□ Cambodian

□ Korean

□ Other Asian – please specify ______

□ Chinese

□ 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  □ Music  □ Study Skills

□ Architecture □ Computer  □ Environment  □ Law  □ Natural Science □ Social Science/Culture

□ Arts/Humanities □ Education  □ Health Care  □ Math  □ Nursing

□ Athletics  □ Engineering  □ History  □ Medicine  □ 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 ________________________________

I hereby authorize the participation of ________________________________ (student) has my permission to participate in the Precollege Programs sponsored by the University of Wisconsin-Milwaukee at 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 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 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

<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>
</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</td>
<td>6</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.**

---

### 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.

<table>
<thead>
<tr>
<th>Name of Authorized Representative</th>
<th>Title</th>
<th>Telephone Area/No.</th>
</tr>
</thead>
</table>

**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/Clinic __________________________ Phone ______________

Address __________________________________________________________________________

Insurance __________________________ Medical ID/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: ____________
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 PER SEMESTER** ($200 for FALL & $200 for SPRING).

DO YOU HAVE?
- 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
- Consent for Medication and Medical Treatment

PLEASE INCLUDE YOUR...
- Most Recent Report Card
- Student Identification Number
- Address and Contact Information
- $200 if student does not qualify for free/reduced lunch, please make check payable to UWM at Waukesha Pre-College Program

FOR MORE INFORMATION CONTACT:
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