



University of Wisconsin-Stevens Point

Student Affairs
Multicultural Affairs

Stevens Point WI 54481-3897
715-346-3829; Fax 715-346-3744

Dear Student:

We are glad that you are interested in attending a precollege camp at UW-Stevens Point in 2007.

These are the things that we need in order to process your DPI scholarship application. Please complete and return to my office.

_____ DPI Precollege Program Scholarship Application

_____ Precollege Program Common Registration form (**Be sure to write in which program you are applying for**).

_____ Make sure that you have your parent or guardian sign your form and have your counselor or teacher complete Part II and sign the form.

_____ Copy of your current grade transcript

Please call me, if you have any questions about these camps. My toll-free number is: **1-877-354-UWSP (8977)**. We will let you know about the scholarship after the application deadline has passed. **The application deadline for some camps is April 20, 2007 or until filled.**

Thanks for your interest! We hope to see you this summer.

Return your completed materials to:

Linda Pluke, Precollege Coordinator
UW-Stevens Point
Multicultural Affairs, 202 SSC
Stevens Point, WI 54481

Email: lpluke@uwsp.edu

UW-Stevens Point M/D Targeted Precollege Program Common Registration

Program Code for office use Campus Issued Identification Number _____
 (Assigned by University)

Student Name: last first middle Social Security Number: _____

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

School Attending: _____ School ID Code: for office use DPI Student ID: if assigned

Cumulative Grade Point Average: _____ (copy of transcript required) **Print Program Name here:**

Race/Ethnicity – Please answer both a and b. Check **ALL** that apply. **Return to: Linda Pluke, UWSP, Precollege Programs Multicultural Affairs, 202 SSC, Stevens Point, WI 54481**

- 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 Primary Contact Information (primary phone number and address)

Name: _____ Relationship to Student: _____
 Street Address: _____ City/State/Zip: _____
 Home Phone Number: _____ Cell Phone: _____
 Work Phone Number: _____ Student/Contact e-mail: _____

HEAD OF HOUSEHOLD: Female	HEAD OF HOUSEHOLD: Male
Have you earned a bachelors degree from a four-year college or university? <input type="checkbox"/> No <input type="checkbox"/> Yes	Have you earned a bachelors degree from a four-year college or university? <input type="checkbox"/> No <input type="checkbox"/> Yes

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

Would you like a scholarship application package? Yes No

Scholarships you are applying for: Please check all that apply.
 DPI Precollege Scholarship
 Other scholarship – print name of scholarship _____
 None, not applying for scholarships. (Online program scholarship information at http://apps22.uwex.edu/pls/uwhelp/precollege_programs)

Have you been a DPI Precollege Scholarship Recipient? Yes No Are you a GEAR UP student? 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/
 Arts/Humanities Education Health Care Math Nursing Culture
 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
 _____ has my permission to participate in the Precollege Programs sponsored by the University of Wisconsin-Your Campus 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
 Social Security Number Disclosure and Usage The University of Wisconsin System requests/uses social security numbers (SSNs) to measure the impact of precollege program participation on college enrollment. No statute or other authority requires disclosure of SSN for that purpose. Failure to provide SSN, however, may decrease the ability of the UW System to measure the impact of precollege program participation. Further disclosure of SSN is restricted by the Wisconsin Public Records Act and other State and Federal laws. V11172005



Wisconsin Department of Public Instruction
PRECOLLEGE SCHOLARSHIP APPLICATION
 PI-1573 (Rev. 05-06)

Program Name: _____

INSTRUCTIONS: *To the student:* Fill out Section I completely, and have your parent or guardian sign it. Give the form to your teacher, counselor, principal, or to a WEOP staff member for completion of Section II. Students who are disruptive or sent home from precollege programs may forfeit the opportunity for participation in future programs.

**Collection of personally identifiable information is used solely for validation purposes and will not be released without written permission.*

You may attend a maximum of three programs per year.

Return to: Linda Pluke, Precollege Coordinator
UW-Stevens Point
Multicultural Affairs 202 SSC
Stevens Point, WI 54481

SECTION I—STUDENT

Student's Name Last		First	M.I.	Student's Social Security No.*	Grade Level at Time of Program <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	
Street Address			City	WI	Zip	Telephone Area/No. ()
Race/Ethnicity <i>Check all that apply (For Statistical Purposes Only)</i>		Sex		Date of Birth <i>Mo./Day/Yr.</i>	School Presently Attending	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Black/African American		<input type="checkbox"/> Male <input type="checkbox"/> Female		Public School District Name		

List awards received: *If additional space is needed for response, use reverse side.*

In-school activities you are presently involved in; (*clubs, athletics, etc.*): *If additional space is needed for response, use reverse side.*

Outside of school activities you are presently involved in; (*work community, church, etc.*): *If additional space is needed for response, use reverse side.*

Post-secondary school education plans: *If additional space is needed, use reverse side.*

I HEREBY AUTHORIZE release of my child's academic records to the DPI.

Signature of Parent/Guardian	Date Signed
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SECTION II—COUNSELOR/TEACHER PRINCIPAL/WEOP COUNSELOR

Instructions: To the teacher, counselor, principal, or WEOP staff member:

- Complete this section and attach a copy of the student's transcript or grade record.
- Forward both to the college or university where the student has applied for admission to a precollege program.
- Please complete the checklist below:

1. Is the above-named student eligible for free or reduced lunch? Yes No
2. Is the above named student a likely candidate for post-secondary school education?..... Yes No
3. Does the applicant have a good school attendance record? Yes No
4. Do you recommend that the applicant receive a precollege scholarship? Yes No

Check One

- Home School Coordinator
 Teacher
 Principal
 Counselor
 WEOP Staff member

Name <i>Print or type</i>	Telephone Area/No. ()
Signature of Designated School/WEOP Representative	Date Signed
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