

**APPLICATION DUE: April 17, 2009**

**Student Name**

LAST FIRST MIDDLE

**Permanent Address**

ADDRESS

CITY STATE ZIP

Date of Birth \_\_\_\_\_

Gender  Male  Female

Home Phone \_\_\_\_\_

Social Security Number \* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

**Resident Status**

U.S. Citizen  Permanent Resident  Non-Resident Alien

**Place of Birth**

CITY STATE COUNTRY

**Heritage** (Please check appropriate box or write in information.)

Are you a first generational college attendee?  YES  NO

Mother: Have you earned a bachelors degree from a four-year college or University?  YES  NO

Father: Have you earned a bachelors degree from a four-year college or University?  YES  NO

- Black/ African American (non-Hispanic)
- Asian American/ Pacific Islander
  - Vietnamese, Cambodian, Laotian, or Hmong
  - Pacific Islander
  - Other Asian American
- American Indian or Alaskan Native Tribe \_\_\_\_\_
- Hispanic/ Latino
  - Chicano/ Mexican American or Puerto Rican
  - Other
- White (non-Hispanic)
- Biracial/Multiracial Mother \_\_\_\_\_
- Father \_\_\_\_\_

**Hot Lunch Program**

I am eligible for the free or reduced-cost hot lunch program:

YES  NO

**Student School**

NAME PHONE NUMBER

ADDRESS

CITY STATE ZIP

PRINCIPAL NAME

COUNSELOR NAME

**Father/Guardian** (circle one)

NAME

ADDRESS

CITY STATE ZIP

OCCUPATION

WORK PHONE HOME PHONE

E-MAIL

**Mother/Guardian** (circle one)

NAME

ADDRESS

CITY STATE ZIP

OCCUPATION

WORK PHONE HOME PHONE

E-MAIL

**Emergency Contact**

Contact person in case of emergency if parent/guardian cannot be reached.

NAME PHONE NUMBER

RELATIONSHIP TO STUDENT



## APPLICANT AGREEMENT

I will abide by the conditions and regulations of the University of Wisconsin-Madison, the PEOPLE Program and field trip sites if \_\_\_\_\_ I am selected to participate.

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STUDENT SIGNATURE

STUDENT SCHOOL ID NUMBER

DATE

## PARENT APPROVAL

I grant permission for the release of my child's transcripts, test scores, progress and grade reports, attendance records, teachers' comments, and verification of participation in the free and reduced hot lunch program to the University of Wisconsin-Madison PEOPLE Program. I understand this information will remain strictly confidential and will only be used for the improvement of education services and resources rendered to my child and for the purpose of evaluating the program. I agree that representatives of the PEOPLE Program have my permission to periodically review formal and informal school tests and reports, communicate verbally and in writing with representatives of my child's school, and communicate with my child while he/she is at school. I will support my child, actively participate, and work cooperatively with the University of Wisconsin-Madison PEOPLE Program to ensure my child's success.

## PUBLICATION RELEASE

I do  do not  grant permission for my child to be named, pictured or quoted in any news release and/or program promotional materials.

I certify that all information provided is true and acknowledge that falsification of information may result in dismissal from the program and/or loss of scholarship eligibility.

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SIGNATURE OF PARENT/GUARDIAN

DATE

\* The University of Wisconsin PEOPLE Program requests/uses social security numbers (SSNs) to measure the impact of precollege program participation on college enrollment. No statute or authority requires disclosure of SSN for that purpose. Failure to provide SSN, however, may decrease the ability of the PEOPLE Program, UW-Madison and 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.