



Mail Application to:

PreCollege Programs
 800 W Main St MC 310
 Whitewater, WI 53190

College Applying To UW-Whitewater
Precollege Program Name Summer Academic Camp

INSTRUCTIONS FOR COLLEGE USE ONLY
Enter name and address of college or institution in space above.

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.

I. STUDENT INFORMATION

Name Last		First		Middle Initial	
Street Address			City		State
Zip			Date of Birth Mo./Day/Yr.		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Number Area Code/No.		Email			

*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

Current Grade Level <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					Anticipated Year of High School Graduation		
School Presently Attending			School District Name			No. of Prior Precollege Scholarships Received This Year	

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.	



Envíe la solicitud a:

PreCollege Programs
 800 W Main St MC 310
 Whitewater, WI 53190

Universidad a la que realiza la solicitud UW-Whitewater
Nombre del programa preuniversitario Summer Academic Camp

INSTRUCCIONES PARA LA UNIVERSIDAD SOLAMENTE

Escriba el nombre y la dirección de la universidad o la institución en el espacio de arriba.

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

Apellido		Nombre		Inicial del segundo nombre	
Calle			Ciudad		Estado
					Código postal
Número de teléfono (código de área)		Correo electrónico		Fecha de nacimiento (mes/día/año)	
				Sexo	
				<input type="checkbox"/> Masculino <input type="checkbox"/> Femenino	

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						Se graduó un año antes de la escuela secundaria	
<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
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)
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Verification Signature ➤		Date Signed Mo./Day/Yr.	