



INSTRUCTIONS: To the Student or Parent/Guardian: Fill out Section I completely and have parent or guardian sign it. Give this form to your teacher, counselor, principal or to a DPI/WEOP staff member for completion of Section II. Students who are disruptive or sent home from a Precollege Program may forfeit the opportunity to participate in future programs.

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: Angie Scott
PRECOLLEGE SCHOLARSHIP PROGRAM
125 SOUTH WEBSTER STREET
P.O. BOX 7841
MADISON, WI 53707-7841

You may only attend ONE program in the *summer* and ONE program *each semester*.

I. STUDENT INFORMATION

Name <i>Last</i>	First	Middle Initial	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 <i>City, State, Zip</i>			Telephone <i>Area/No.</i>

Race/Ethnicity <i>Check all that apply</i> (For Statistical Purposes) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White	Date of Birth <i>mm/dd/yy</i> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	School Presently Attending School District Name
--	--	--

I HEREBY AUTHORIZE release of my child's current report card and verification of free and reduced price school meals eligibility to the Precollege Program and DPI.

Signature of Parent/Guardian 	Date Signed <i>mm/dd/yy</i>
--------------------------------------	-----------------------------

II. VERIFICATION AND RECOMMENDATION

Instructions: To the teacher, counselor, principal, or DPI/WEOP staff member. Please verify the following by checking the boxes and forward this application form and current report card to the college or university where the student has applied for admission to a Precollege Program.

Verification of Eligibility *please check all that apply*

- Student is eligible for free and reduced price school meals.
- Student has completed grade 5 but has not graduated from high school.
- Current Report Card is attached.
- I recommend that the applicant receive a precollege scholarship.

I verify that this student is eligible and I recommend them for a scholarship.

Name	Title	Telephone <i>Area/No.</i>
Verification Signature 		Date Signed <i>mm/dd/yy</i>