Dear Parent/Guardian(s):

Thank you for your interest in the Summer Mathematics and Reading Talent Scholars (SMARTS) Program at the University of Wisconsin Oshkosh. The SMARTS Program provides academic and personal development courses and activities to help seventh grade students improve their skills in mathematics and reading. SMARTS is a two-week residential program held on the University of Wisconsin Oshkosh campus, Sunday, June 23 to Friday, July 5, 2013. During the school-year, students have the opportunity to participate in the Quest Project activities that are sponsored by the TRIO & PreCollege Programs at the University of Wisconsin-Milwaukee (UWM) campus. Activities include tutoring, mentoring, parent workshops, teacher development seminars, self-esteem workshops and adventure projects in mathematics and reading.

If your son/daughter qualifies for the SMARTS program, all lodging, meals and activity fees associated with the program will not cost *you* anything. The SMARTS program is sponsored by the University of Wisconsin System–Office of Equity, Diversity and Inclusion (EDI) and the University of Wisconsin (UW) Oshkosh–Center for Academic Support and Diversity, PreCollege Programs.

Please complete the enclosed application and make certain it is signed by both parent/guardian(s) and student, where appropriate. Return all completed forms and the **$10.00 money order** (application processing fee) (**NON-REFUNDABLE)** in the self-addressed stamped envelope provided for your convenience. The SMARTS application due date is **Monday, April 15, 2013**. If you need an extension, please contact us *immediately*.

If you have any further questions or concerns, you may reach us at (920) 424-2115 or send an e-mail to precollege@uwosh.edu.

We are very excited to have your son/daughter join us this summer for this great opportunity!

Thank you.

Guadalupe M. Salinas
PreCollege Programs Coordinator

PRECOLLEGE PROGRAMS • CENTER FOR ACADEMIC SUPPORT AND DIVERSITY
UNIVERSITY OF WISCONSIN OSHKOSH • 800 ALGOMA BLVD • OSHKOSH, WI 54901
PHONE (920) 424-2115 • FAX (920) 424-2454

An Equal Opportunity/Affirmative Action Institution • http://www.uwosh.edu/acad-supp/precollege/pcp.htm

Center for Academic Support and Diversity

Summer Mathematics and Reading Talent Scholars (SMARTS) Program

Sunday, June 23 – Friday, July 5, 2013

Applications are due Monday, April 15, 2013

SELECTION CRITERIA REQUIREMENTS ARE AS FOLLOWS:

- Must be enrolled at one of the four Milwaukee Public Schools (MPS): La Causa Charter School, International Peace Academy, I.D.E.A.L. Charter School or Roosevelt Creative Arts.
- Must be a member of one of the following multicultural groups: African-American, American Indian or Alaskan Native, Hispanic/Latino American, Asian/Southeast Asian or from economically-disadvantaged backgrounds and meet all other selection criteria.
- Must be performing slightly below grade level in math and/or reading and must be recommended by a reading and math teacher at one of the target schools listed above.
- Must have completed sixth grade by Friday, June 14, 2013.

A. Required From Parent/Guardian(s)

- ❑ Household Size-Income Statement for the Summer Food Service Program (SFSP) application must be completed and signed by parent/guardian(s).
- ❑ Parent/guardian(s) including student **must** sign the UW Oshkosh *SMARTS* application.
- ❑ Submit copy of transcripts or a copy of most recent report card.
- ❑ Include in the application packet the following:

1. Reading Teacher Recommendation form.
2. Mathematics Teacher Recommendation form.

If student is eligible for the SMARTS Program, tuition, meals, lodging and program supplies and activities are funded through the University of Wisconsin System–Office of Equity, Diversity and Inclusion.

A. Required From Student

1. Must write a one-page **essay** and answer the following questions: 1) Tell us about yourself, such as what sports, clubs or activities are you involved in at school and/or the community? 2) If you could change one thing about school, what would that be?
2. Must have a desire to learn, ability to listen and be able to follow university/program rules and policies.

Please return all application materials in the self-addressed stamped envelope to: UW Oshkosh–PreCollege Programs, 800 Algoma Boulevard, CCED–Room 010, Oshkosh, WI 54901.

A **$10.00 NON-REFUNDABLE application fee** is also required, please make MONEY ORDER to: UW Oshkosh–PreCollege Programs. **DO NOT send cash or checks**.

PRECOLLEGE PROGRAMS • CENTER FOR ACADEMIC SUPPORT AND DIVERSITY
UNIVERSITY OF WISCONSIN OSHKOSH • 800 ALGOMA BOULEVARD • OSHKOSH, WI 54901-8608
TELEPHONE (920) 424-2115 • FAX (920) 424-2454 • PRECOLLEGE E-MAIL PRECOLLEGE@UWOSH.EDU
PRECOLLEGE WEBSITE WWW.UWOSH.EDU/PRECOLLEGE

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SMARTS Application

(STUDENT AND PARENT MUST SIGN APPLICATION)

Student's Name: last _____ first _____ middle Social Security Number (optional): _____

Date of Birth: MM/DD/YYY Gender: ❑ Male ❑ Female Grade Point Average: _____ (**transcript required**)

Current Middle School Attending: ❑ La Causa Charter ❑ I.D.E.A.L. ❑ International Peace Academy ❑ Roosevelt

Ethnicity – Please read both A and B, and check ALL that apply:

A. Is the student applicant: Spanish/Hispanic/Latino/a?

❑ No, not Spanish/Hispanic/Latino/a ❑Yes, Puerto Rican ❑ Yes, Mexican American, Chicano

❑ Yes, Cuban ❑ Yes, other Spanish/Hispanic/Latino/a_____

Please specify

B. To which ethnic group does the student belong? Please check **ALL** that apply:

❑ American Indian/Alaska Native – please specify principal Wisconsin or Other Tribe & Reservation _____

❑ Asian-Indian ❑ Guamanian or Chamorro ❑ Native Hawaiian

❑ Black or African-American ❑ Hmong ❑ Samoan

❑ Cambodian ❑ Japanese ❑ Vietnamese

❑ Chinese ❑ Korean ❑ Caucasian

❑ Filipino ❑ Laotian ❑ Other ethnicity – please specify _____

Have you ever received a DPI PreCollege Scholarship? ❑ Yes ❑ No *Are you a GEAR-UP student?* ❑ Yes ❑ No

Student's Areas of Interest – Please check the careers which are most interesting to you (up to three):

❑ Agriculture ❑ Business ❑ English/Literature ❑ Languages ❑ Music ❑ Study Skills

❑ Architecture ❑ Computers ❑ Environment ❑ Law ❑ Natural Science ❑ Social Science/ Culture

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

❑ Athletics ❑ Engineering ❑ History ❑ Medicine ❑ Politics ❑ Other Areas

_____

_____

Contact Information:

Parent(s)/Guardian(s) Name: _____ Parent(s)/Guardian(s) email: _____

Relationship to Student: _____ Home Phone Number: _____

Street Address: _____ Work Phone Number: _____

City/State/Zip: _____ Cell Phone Number: _____

Occupation: _____ Employer: _____

HEAD OF HOUSEHOLD: Female	HEAD OF HOUSEHOLD: Male
Have you earned a bachelor's degree from a four-year college or university? ❑ Yes ❑ No	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 lunch? ❑ Yes ❑ No

Does your family qualify for, or receive any other forms of state or federal support (SSI, TANF, DPIR, Food Stamps, etc.)? ❑ Yes ❑ No If yes, Case No. is _____

I certify that the above information is true and correct to the best of my knowledge.

_____

Student's Signature Date

_____ Has my permission to participate in the PreCollege Programs sponsored by the University of Wisconsin Oshkosh and the University of Wisconsin System. I understand that the information provided will be used solely for program evaluation and program eligibility purposes, and will be kept confidential.

_____

Parent's Signature Date

FOR OFFICE USE ONLY

Program Code for office use Campus Identification Number _____

(Assigned by University)

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

HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)
INSTRUCTIONS: An adult household member must complete and return to sponsor. (Rev. 2/12)

Part 1. List all children attending enrolled program or camp (INCLUDING FOSTER CHILDREN)

Names of all children attending enrolled program or camp (First, Middle Initial, Last)	**Check box below if Foster Child**	Provide FoodShare (Food Stamps), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) **case #** (if any). **Skip to Part 3 if you listed one of the above case numbers.**
	❑	**Case #**
	❑	**Case #**
	❑	**Case #**
	❑	**Case #**
	❑	**Case #**

Steps to completing Part 1. First, list **all** children attending enrolled program or camp. If this application includes a child who is the legal responsibility of a welfare agency or court include name of child/children above and check the box indicating Foster Child. Next, provide the case number if the household receives FoodShare (Food Stamps), TANF or FDPIR benefits.

***DO NOT LIST**:* Forward or Quest Card number (IL residents do not list Link Card number) or Medicaid, SSI, W-2 Childcare case numbers.

Complete Part 2 below, if you are applying for children, other than foster children, in your household and are *not* receiving FoodShare, W-2 cash benefits or Food Distribution Program on Indian Reservations (FDPIR) benefits at this time.

Part 2. Total Household Gross Income—Tell us how much and how often

A. Name List **everyone** in household, Including children listed in Part 1.	**B. Gross income and how often it was received**				**C. Check if NO income**
	Example: $100/monthly Earnings from work before deductions	*$100/twice a month* Welfare, child support, alimony	*$100/every other week* Pensions, retirement, Social Security	*$100/weekly* All Other Income	
(Example) Jane Smith	$200/weekly	$150/weekly	$100/monthly	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑
	$_____/_____	$_____/_____	$_____/_____	$_____/_____	❑

Part 3. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application**. If Part 2 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box** (See Privacy Act Statement on the parent letter).

I CERTIFY that all of the above information is true and correct and that all income is reported unless eligibility is established by receiving FoodShare, W-2 Cash Benefits and/or FDPIR. I understand that this information is being given so that the sponsoring agency may receive federal funds; that agency officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable federal laws. The signature on this application is that of an adult household member.

Sign here: X_____ Print name:_____ Date: _____

Address:_____Phone Number:_____

Last four digits of Social Security Number: __ __ __ __ ❑ I do not have a Social Security Number

Part 4. Children's racial and ethnic identities (optional)

Mark one or more racial identities:

❑Asian ❑ American Indian or Alaska Native
❑White ❑ Native Hawaiian or Other Pacific Islander
❑ Black or African American ❑ Other

Mark one ethnic identity:

❑ Hispanic or Latino
❑ Not Hispanic or Latino

Don't fill out this part. This is for sponsor use only.

Annual Income Conversion = Weekly x 52 or Every 2 Weeks x 26 or Twice A Month x 24 or Monthly x 12
Monthly Income Conversion = weekly x 4.33 or Every 2 weeks x 2.15

Basis for Eligibility Determination

☐ **Total Household Size =** _____ **Total Monthly Income =** _____

OR

☐ **FoodShare/W-2 Cash Benefits/FDPIR Recipient**

Eligibility Determination

☐ **Needy**

OR

☐ **Non-Needy**

Determining Official's Initials and Date

_____

Household Size-Income Scale for USDA Nutrition Programs

Effective July 1, 2012 to June 30, 2013

Listed below are the USDA Income Guidelines to establish eligibility for children attending camp or enrolled sites. A child is considered 'needy' if for the determined household size

Income is at or below

Household Size	Yearly	Monthly	Twice per Month	Every Two Weeks	Weekly
1	$20,665	$1,723	$862	$795	$398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
For each additional household member, add	+7,326	+611	+306	+282	+141