Center for Academic Support and Diversity
PRECOLLEGE PROGRAMS

2014 Summer Mathematics and Reading Talent Scholars (*SMARTS*) Program
Saturday, June 21 – Thursday, July 3, 2014

APPLICATION DEADLINE: Monday, April 21, 2014

In order to be considered for the UW Oshkosh *SMARTS* Program, students must meet ALL selection criteria below for program eligibility:

- Must be enrolled at one of the four Milwaukee area schools: Hmong American Peace Academy (HAPA), La Causa Charter School, Lincoln Center of the Arts or Roosevelt Creative Arts Middle School.
- Must be a member of one of the following multicultural groups: African-American, American Indian or Alaskan Native (tribal affiliation), Hispanic/Latino American, Asian/Southeast Asian or economically-disadvantaged background AND who 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 13, 2014.

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

- ❑ 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?
- ❑ 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
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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 ❑ Lincoln ❑ HAPA ❑ 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	❑ Other Areas
❑ Athletics	❑ Engineering	❑ History	❑ Medicine	❑ Politics	_____
					_____

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

Dear Parent or Guardian:

The (name of sponsor) serves nutritious meals to children without an additional charge to you. This is possible because federal reimbursement is received for meals served in accordance with regulations governing the USDA Summer Food Service Program (SFSP). To document eligibility for these funds, statements of household size and income must be obtained from parents or guardians. This information is kept confidential. If your income is higher than the amount indicated on page 2 of this letter for your household size, you do not need to complete the attached Household Size-Income Statement for the Summer Food Service Program.

Instructions for Completing the Household Size – Income Statement

If your household gets FOOD STAMPS (FoodShare), Wisconsin Works (W-2)—Cash Benefits Only - Eligible Wisconsin Works (W-2 - Cash Benefits) programs are Trial Job, Community Service Job (CSJ), Caring for a Newborn (CMC), and W-2 Transition (W-2 T)**, and/or Food Distribution Program on Indian Reservations (FDPIR) follow these Instructions:**

Part 1: List each participant's name and a Food Stamp, W-2 Cash Benefits or FDPIR case number.
Part 2: Skip this part.
Part 3: Sign and date the form. Print your name; provide address and phone number. A Social Security Number is not necessary.
Part 4: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each participant's name.
Part 2: Follow these instructions to report total household income from last month.

Column A–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B–Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

- In section 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).
- In section 2, list the amount each person got last month from welfare, child support, alimony.
- In section 3, list Social Security, pensions, and retirement.
- In section 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C–Check if no income: If the person does not have any income, check the box.

Part 3: An adult household member must sign and date the form, provide an address and phone, and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.
Part 4: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions: In terms of completing the Household Size - Income Statement, a child who is the legal responsibility of a welfare agency or the court may be considered a foster child.

Part 1: Enter each participant's name and check the box indicating which children are foster children.
Part 2: Complete this part if you are applying for other children in the household and you did not enter a FoodShare, TANF or FDPIR case number in Part 1.
Part 3: Sign and date the form. Print your name; provide address and phone number. If Part 2 was completed, provide the last four digits of the signing adult's Social Security Number.
Part 4: Answer this question if you choose to.

Household Size	Monthly Income Level *Effective July 1, 2013, through June 30, 2014*
1	$ 1,772
2	2,392
3	3,011
4	3,631
5	4,251
6	4,871
7	5,490
8	6,110
For each additional household member add	+ 620

Part 4: **Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the application cannot be approved and the sponsoring agency will not be able to receive federal funds to help pay for the meals served to the child. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a FoodShare (Food Stamp), W-2 Cash Benefits (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child's income eligibility status, and for administration and enforcement of the Program.

Non-discrimination Statement: The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

HOUSEHOLD SIZE-INCOME STATEMENT FOR THE SUMMER FOOD SERVICE PROGRAM (SFSP)
INSTRUCTIONS: An adult household member must complete and return to sponsor. (Rev. 11/12)

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 Wisconsin, 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, TANF or FDPIR benefits.

***DO NOT LIST**:* Forward Card (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	$_____/_____	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑
	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	$_____/ Choose 1	❑

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

_____

Center for Academic Support and Diversity

PreCollege Programs

2014 Summer Mathematics and Reading Talent Scholars Program (*SMARTS*)

RECOMMENDATION FORM (MATH TEACHER)

Student's Name _____

- Please comment on the student's mathematics abilities:

- Please list the student's personal and social characteristics:

- Do you recommend this student for the *SMARTS* Program? _____ Yes _____ No
- If no, why?

- How do you think this student will benefit from attending a *SMARTS* Program?

- Please provide any additional comments about the student, which might be helpful to the selection committee:

Math Teacher's Name_____

(Please print)

Signature_____

School_____

Telephone _____

Date_____

Center for Academic Support and Diversity
PreCollege Programs

2014 Summer Mathematics and Reading Talent Scholars (*SMARTS*) Program

RECOMMENDATION FORM (READING/ENGLISH TEACHER)

Student's Name _____

- Please comment on the student's Reading/English abilities:

- Please list the student's personal and social characteristics:

- Do you recommend this student for the *SMARTS* Program? _____ Yes _____ No
- If no, why

- How do you think this student will benefit from attending a *SMARTS* Program?

- Please provide any additional comments about the student, which might be helpful to the selection committee:

Reading/English Teacher's Name_____
(Please print)

Signature_____

School_____

Telephone _____

Date_____