



(530) 754.8106 Office
(530) 752.9326 Fax

**PROGRAM APPLICATION
2017-2018**

Early Academic Outreach Program
University of California, Davis
One Shields Avenue – 2210 Haring Hall
Davis, CA 95616

A recent transcript must be submitted with the application.

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ Birth Date: ____/____/____

Sex: F M Mailing Address: _____ City: _____

Street Address/P.O. Box Number _____ Apt. No. _____
Zip Code: _____ Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ (Can be used to communicate opportunities.)

State ID: _____ School: _____ Grade Level: _____ High School Graduation Year: _____
This is not your School ID Number.

Mark any programs you are a part of: AVID ETS Gear-UP MESA Puente Upward Bound Other: _____

If the student would like program updates through email, please indicate your email address: _____ @ _____

If student's parent(s) would like program updates through email, please indicate your email address: _____ @ _____

Are you Hispanic or Latino descent? No Yes Are you an English Learner (EL) student? No Yes Are you foster youth? No Yes

Student's Ethnicity: (Please choose only one)

- | | | |
|--|--|--|
| 01 <input type="checkbox"/> African/African American/Black | 32 <input type="checkbox"/> Iu-Mien | 35 <input type="checkbox"/> Russian |
| 02 <input type="checkbox"/> American Indian/Alaskan Native | 06 <input type="checkbox"/> Japanese/Japanese-American | 36 <input type="checkbox"/> Ukrainian |
| 11 <input type="checkbox"/> Caucasian/White | 07 <input type="checkbox"/> Korean/Korean American | 10 <input type="checkbox"/> Vietnamese/Vietnamese-American |
| 16 <input type="checkbox"/> Chicano/a | 33 <input type="checkbox"/> Laotian | |
| 03 <input type="checkbox"/> Chinese/Chinese American | 13 <input type="checkbox"/> Latino/Hispanic | 12 <input type="checkbox"/> Other Asian (Specify): _____ |
| 04 <input type="checkbox"/> East Indian/Pakistani | 08 <input type="checkbox"/> Mexican/Mexican-American | 14 <input type="checkbox"/> Other (Specify): _____ |
| 05 <input type="checkbox"/> Filipino/Filipino-American | 34 <input type="checkbox"/> Middle Eastern | 15 <input type="checkbox"/> Decline to state |
| 31 <input type="checkbox"/> Hmong | 09 <input type="checkbox"/> Pacific Islander | |

PARENT & FAMILY INFORMATION

Are you eligible for free/reduced lunch? No Yes

Parent 1 Legal Guardian's Name: _____
Work Phone: (____) _____ - _____
Occupational Title: _____
Lives with student? No Yes

Parent 2/Legal Guardian's Name: _____
Work Phone: (____) _____ - _____
Occupational Title: _____
Lives with student? No Yes

Student's Preferred Language(s): English Hmong Lao Mien Russian Spanish Ukrainian Vietnamese Other: _____
Language(s) Spoken at Home: English Hmong Lao Mien Russian Spanish Ukrainian Vietnamese Other: _____

Number of family members in the household (including student): _____ Is the household a single-parent home? No Yes Decline to State

Total Family Income: (1) \$17,820 or less (2) \$17,821 - \$24,030 (3) \$24,031 - \$30,240 (4) \$30,241 - \$36,450
(5) \$36,451 - \$42,660 (6) \$42,661 - \$48,870 (7) \$48,871 - \$55,095 (8) \$55,096 - \$61,335
(9) \$61,336 or greater

HIGHEST LEVEL OF EDUCATION COMPLETED:

PARENT 1/GUARDIAN

PARENT 2/GUARDIAN

Unknown or not available	<input type="checkbox"/> (UNK)	<input type="checkbox"/> (UNK)
Never Attended School	<input type="checkbox"/> (000)	<input type="checkbox"/> (000)
Attended Six Years or less	<input type="checkbox"/> (G06)	<input type="checkbox"/> (G06)
Attended Junior High School	<input type="checkbox"/> (G07)	<input type="checkbox"/> (G07)
Finished Junior High	<input type="checkbox"/> (G08)	<input type="checkbox"/> (G08)
Attended Some High School	<input type="checkbox"/> (G11)	<input type="checkbox"/> (G11)
High School Graduate (High School Diploma)	<input type="checkbox"/> (G12)	<input type="checkbox"/> (G12)
General Education Diploma (GED)	<input type="checkbox"/> (GED)	<input type="checkbox"/> (GED)
Attended Some College or University	<input type="checkbox"/> (C01)	<input type="checkbox"/> (C01)
Associates of Arts (AA, AS, etc.)	<input type="checkbox"/> (C02)	<input type="checkbox"/> (C02)
Bachelor's Degree (BS, BA, AB, etc.)	<input type="checkbox"/> (C04)	<input type="checkbox"/> (C04)
Master's Degree (MA, MBA, MS, etc.)	<input type="checkbox"/> (GR2)	<input type="checkbox"/> (GR2)
Doctorate (PhD, MD, EdD, etc.)	<input type="checkbox"/> (GR4)	<input type="checkbox"/> (GR4)
College degree obtained outside U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only: ED FD Other

Transcript: No Yes

Approving Staff's Initials: _____

V.1 06.18.2014

IDKey: _____

Data Entry Staff's Initials: _____

Date Entered: ____/____/____



University of California, Davis
EARLY ACADEMIC OUTREACH PROGRAM

Parent/Guardian Authorization

I, _____, parent or legal guardian of _____,

a minor child, hereby give permission for my child to participate in Early Academic Outreach Program (EAOP) Activities and Projects conducted by the University of California at Davis. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses, to participate in Early Academic Outreach Program (EAOP) academic development services, and to become eligible for admission to postsecondary educational institutions of California. I also understand that such Activities may be available until he/she enrolls at a college or university campus.

Authorization

I hereby authorize Early Academic Outreach Program (EAOP) directors, staff, and their assistants to engage in the following:

- 1. To have access to, and to make and receive copies of, my child's academic school records through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
2. To have access to, and to make and receive copies of, my child's standardized test records through the completion of 12th grade. I understand that these records will be kept in strict confidence and will be used only for the purposes of assessing student performance and advising students and not for recruitment purposes.
3. To have access to, and to make and receive copies of, my child's academic school records and standardized test records contained in electronic databases and warehouses, including but not limited to the UC Gateways data warehouse, through the completion of 12th grade. I understand that these electronic records will be kept in strict confidence and will be used solely to: a) monitor my child's academic progress; and b) determine when academic support services are needed.
4. To disclose information from my child's academic school records to designated representatives of colleges and universities so that they may determine my child's eligibility for admission at their institutions, his/her need for special services and for general use in planning outreach and recruitment activities. These records will be maintained by the University of California consistent with the Federal Family Education Rights and Privacy Act of 1974, applicable state laws and University policies.
5. To allow my child to attend field trips to colleges and universities, sponsored and coordinated by the Early Academic Outreach Program (EAOP). I understand that my child will have adult supervision while on these field trips.
6. To reproduce any original materials submitted by, and any image of, my child. I understand that my child's compositions or likenesses may be reproduced in part or in whole for the purpose of on-going program promotion and evaluation. I release the University of California of any obligation to compensate me, my children, or any party acting on my behalf, for the use of the above mentioned media.

I am the parent or legal guardian of the minor _____, and I am signing this Parent/Guardian Authorization on behalf of said minor.

Signature of Parent/Guardian of Minor Date

Signature of Student Date

Print Name

Print Name