

# UW (UW-Fox Valley) M/D Targeted Pre-College Program Common Registration

Program Code for office use

Campus Identification Number \_\_\_\_\_  
(Assigned by University)

Student Name: last first middle Social Security Number: \_\_\_\_\_

Date of Birth: MM/DD/YYYY Gender:  Male  Female Current School Grade Level: \_\_\_\_\_

School Attending: \_\_\_\_\_ School ID Code: for office use DPI Student ID: if assigned

Cumulative Grade Point Average: \_\_\_\_\_ (copy of transcript required)

**Race/Ethnicity** – Please answer both a and b. Check **ALL** that apply.

- a. Is the student 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 – print group \_\_\_\_\_
- b. What is the student's race? Please check **ALL** that apply.  
 American Indian/Alaska Native – please specify principal WI or Other tribe & reservation \_\_\_\_\_  
 Asian Indian  Guamanian or Chamorro  Native Hawaiian  White  
 Black or African American  Hmong  Samoan  
 Cambodian  Japanese  Vietnamese  
 Chinese  Korean  Other Asian – please specify \_\_\_\_\_  
 Filipino  Laotian  Other race – please specify \_\_\_\_\_

**Student Primary Contact Information (primary phone number and address)**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Phone Number: \_\_\_\_\_ Student/Contact e-mail: \_\_\_\_\_

HEAD OF HOUSEHOLD: Female	HEAD OF HOUSEHOLD: Male
Have you earned a bachelors degree from a four-year college or university? <u>No</u> <u>Yes</u>	Have you earned a bachelors degree from a four-year college or university? <u>No</u> <u>Yes</u>

**Does your family qualify for or receive Free or Reduced lunches?**  Yes  No

**Does your family qualify for or receive any other forms of state or federal support (TANF, food stamps, etc.)?**  Yes  No

**Would you like a scholarship application package?**  Yes  No

Scholarships you are applying for: Please check all that apply.

- DPI Precollege Minority Scholarship  
 Other scholarship – print name of scholarship \_\_\_\_\_  
 None, not applying for scholarships. (Online program scholarship information at [http://apps9.uwex.edu:80/pls/uwhelp/precollege\\_programs](http://apps9.uwex.edu:80/pls/uwhelp/precollege_programs))

**Have you been a DPI Precollege Scholarship Recipient?**  Yes  No

**Are you a GEAR UP student?**  Yes  No

**Areas of Interest – Please check the most interesting (up to three).**

- |                                                   |                                      |                                             |                                    |                                          |                                                     |
|---------------------------------------------------|--------------------------------------|---------------------------------------------|------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Agriculture              | <input type="checkbox"/> Business    | <input type="checkbox"/> English/Literature | <input type="checkbox"/> Languages | <input type="checkbox"/> Music           | <input type="checkbox"/> Study Skills               |
| <input type="checkbox"/> Architecture             | <input type="checkbox"/> Computer    | <input type="checkbox"/> Environment        | <input type="checkbox"/> Law       | <input type="checkbox"/> Natural Science | <input type="checkbox"/> Social Science/<br>Culture |
| <input type="checkbox"/> Arts/Humanities          | <input type="checkbox"/> Education   | <input type="checkbox"/> Health Care        | <input type="checkbox"/> Math      | <input type="checkbox"/> Nursing         |                                                     |
| <input type="checkbox"/> Athletics                | <input type="checkbox"/> Engineering | <input type="checkbox"/> History            | <input type="checkbox"/> Medicine  | <input type="checkbox"/> Politics        |                                                     |
| <input type="checkbox"/> Other – print area _____ |                                      |                                             |                                    |                                          |                                                     |

I certify that the above information is true and correct to the best of my knowledge. I agree to the release of my school transcript(s) to the UW-Fox Valley Campus Office of Precollege Programs and to the Wisconsin Department of Public Instruction.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ has my permission to participate in the Precollege Programs sponsored by the University of Wisconsin-Fox Valley and the Wisconsin Department of Public Instruction. I understand that the information provided will be used solely for program evaluation and program eligibility purposes and will be kept confidential.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date