

### **EMBARK SUMMER PRECOLLEGIATE PROGRAM APPLICATION**

UNIVERSITY OF GEORGIA: June 12th - 16th, 2022

THIS FREE, RESIDENTIAL PRE-COLLEGIATE PROGRAM EXPOSES HIGH SCHOOL STUDENTS TO THE COLLEGE EXPERIENCE AND ENCOURAGES THEIR PURSUIT OF HIGHER EDUCATION

#### APPLICATION INSTRUCTIONS

### > TO BE ELIGIBLE, A STUDENT MUST:

- Be in foster care, a ward of the state, or emancipated
- Be a rising 10<sup>th</sup> or 11<sup>th</sup> grade student
- Have the desire to go to a college or a university

#### > INSTRUCTIONS

- Complete all forms. Either fill out the form electronically or print in blue or black ink: illegible applications will be disqualified.
- Use the official application form.
- Answer all questions. Confine your responses to the space provided.

> APF	LICATION CHECKLIS	「(All applications i	must include the	following items
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APPLICATION	
TRANSCRIPT Attach a current transcript of your grades to this application.	An unofficial transcript is acceptable.

### ☐ RECOMMENDATION FORM

This form (attached) must be completed by an **instructor or advisor.** Write your name at the top, and give your recommender at least two weeks to complete it. Ask the recommender to either email the recommendation form directly to Shirley Reyes **or** return the form to you in a sealed envelope with his or her signature written across the seal. Then leave the form sealed, and submit it with your application. **Choose a recommender who can address the following:** 

- 1) Academic record, plans, and goals
- 2) Personal strengths including motivation, leadership, and commitment
- 3) Community service and extracurricular activities

### > DEADLINE May 13, 2022

### Mail application to below address by the deadline:

Embark Summer Precollegiate Program
Attn: Shirley Reyes
J.W. Fanning Institute for Leadership Development/UGA
1240 S. Lumpkin Street
Athens, GA 30602-3552

### OR

scan and email application to: shirley.reyes@fanning.uga.edu

#### **➤** FOR MORE INFORMATION, CONTACT:

- David Meyers 706-542-5062; dmeyers@fanning.uga.edu
- ➤ Shirley Reyes 706-542-0159; shirley.reyes@fanning.uga.edu



### **EMBARK SUMMER PRECOLLEGIATE PROGRAM APPLICATION**

PERSONAL INFORMATION	
First name:	Last name:
Sex: □ M □ F Gender Identity:	
	Age:
Address:	
	Zip Code:
Legal County:	County of residence:
Your Phone:	Your Email:
Case manager name:	Case manager email:
Case Manager phone:	High School:
Current Grade: ☐ 9th ☐ 10th ☐ 11th ☐	12 <sup>th</sup> T-shirt Size: □ S □ M □ L □ XL
Name:	ide you updated information and notify you of any program updates?  Relationship:
Email:	Phone:
1) Institution:	ucation, list the colleges of universities where you would like to enrollCity, ST:City, ST:
Desired Career:	
2) Do you work during the school year? ☐ Yes What are your primary duties?	Business/Organization:
COMMUNITY SERVICE / VOLUNTEER ACTIV  1) List any service activities in which you particip space, feel free to attach an extra sheet.	ITIES / EMPLOYMENT pated (e.g. babysitting, clubs, or sports).If the list exceeds the allotted
	ur role/Position From/To (mm/yy) Hours per week



### **EMBARK SUMMER PRECOLLEGIATE PROGRAM APPLICATION**

## **MEDICATION INFORMATION:** Will you have medication with you to be administered during the Program? $\Box$ Y $\Box$ N If YES, additional forms will be mailed upon acceptance to the program. **GENERAL INFORMATION:** 1) How did you hear about the Embark Summer Precollegiate Program? 2) What are your dreams after high school? How will attending this program help you accomplish those dreams? 3) What are your concerns about life after graduation? REQUIRED APPLICANT CERTIFICATION AND RELEASE OF INFORMATION Applicant must read and sign below to be eligible: • I certify that all information on this application is true and complete to the best of my knowledge. • I certify that I meet all eligibility requirements as specified on this application. • I understand that I must notify the Fanning Institute of any change in my address or contact information. 1) Applicant's name: Signature: \_\_\_\_\_\_Date: \_\_\_\_\_ 2) Guardian's name: Signature: Date:

(if filling out electronically, type full names above to reflect signature)



# EMBARK SUMMER PRECOLLEGIATE PROGRAM RECOMMENDATION FORM

Applicant's name:					
The student named above is applying to participate in the Embark Summer Precollegiate Program. This evaluation is a critical component of our decision regarding acceptance into the program. Please complete both parts of this form, and email to shirley.reyes@fanning.uga.edu or return it to the student in a sealed envelope so that s/he will be able to submit all application materials by the postmark deadline: May 13, 2022.  PART 1: REFERRED BY INFORMATION					
2) Institution/Company:					
	Zip Code:				
4) Phone:	5) Email:				
6) How do you know the applicant?					
7) How long have you known him/her?	□ <1 yr. □ ≈1 yr. □ <2 yrs. □ 2± yrs.				
8) How well do you know him/her?	☐ Casually ☐ Fairly well ☐ Well ☐ Very well				
PA	RT 2: WRITTEN EVALUATION				
<ul> <li>Imitations as well as strengths, for the f</li> <li>Academic habits (e.g. challenge)</li> <li>Leadership (e.g. ability to lead of the motivation &amp; long-term goals (e)</li> <li>Self-awareness / self-concept (e)</li> </ul>	es oneself, manages time well, utilizes academic support network				
Referred By Signature:	Date:				
(If filling out el	ectronically, type full name to reflect signature)				

More information on the Embark Summer Precollegiate Program is available at www.fanning.uga.edu.