

## **EMBARK SUMMER PRECOLLEGIATE PROGRAM APPLICATION**

UNIVERSITY OF GEORGIA: June 9<sup>th</sup> – 13<sup>th</sup>, 2019  
SAVANNAH STATE UNIVERSITY: June 16<sup>th</sup> – 20<sup>th</sup>, 2019

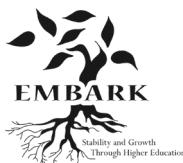
THIS FREE, RESIDENTIAL PRE-COLLEGIATE PROGRAM EXPOSES HIGH SCHOOL STUDENTS TO THE COLLEGE EXPERIENCE AND ENCOURAGES THEIR PURSUIT OF HIGHER EDUCATION  
*The Embark Summer Program is supported with funds from Georgia RYSE-ILP/Georgia DFCS.*

### **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.
- **APPLICATION CHECKLIST (All applications must include the following items)**
  - 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 Kate Smith **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 15, 2019**  
**Mail application to below address by the deadline:**  
Embark Summer Precollegiate Program  
Attn: Kate Smith  
J.W. Fanning Institute for Leadership Development/UGA  
1240 S. Lumpkin Street  
Athens, GA 30602-3552
- **FOR MORE INFORMATION, CONTACT:**
  - David Meyers - 706 542-5062 office or Kate Smith 706-542-6109

**OR**

scan and email application  
to: [ksmith@fanning.uga.edu](mailto:ksmith@fanning.uga.edu)



## **EMBARK SUMMER PRECOLLEGIATE PROGRAM APPLICATION**

### **PROGRAM PREFERENCE**

Please indicate which program you prefer to attend:

**University of Georgia: June 9-13**

Yes  No

**Savannah State University: June 16-20**

Yes  No

Each applicant may apply to attend one campus program. All assignments will be made on a space available basis and after each program is filled a wait list will be developed.

### **PERSONAL INFORMATION**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Sex:  M  F Gender Identity: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST: \_\_\_\_\_ 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

*Who is the best person for us to contact to provide you updated information and notify you of any program updates?*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### **EDUCATIONAL GOALS**

1) If you have thought about continuing your education, list the colleges or universities where you would like to enroll:

1) Institution: \_\_\_\_\_ City, ST: \_\_\_\_\_

2) Institution: \_\_\_\_\_ City, ST: \_\_\_\_\_

Desired Career: \_\_\_\_\_

2) Do you work during the school year?  Yes  No Business/Organization: \_\_\_\_\_

What are your primary duties? \_\_\_\_\_

### **COMMUNITY SERVICE / VOLUNTEER ACTIVITIES / EMPLOYMENT**

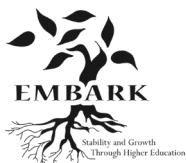
1) List any service activities in which you participated (e.g. babysitting, clubs, or sports). If the list exceeds the allotted space, feel free to attach an extra sheet.

➤ Activity/organizations Your role/Position From/To (mm/yy) Hours per week

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## **EMBARK SUMMER PRECOLLEGIATE PROGRAM APPLICATION**

### **MEDICATION INFORMATION:**

Will you have medication with you to be administered during the Program?  Y  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?

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2) If you are returning, what made you decide to attend this year?

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3) What are your dreams after high school? How will attending this camp help?

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4) What are your concerns about life after graduation?

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### **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 [ksmith@fanning.uga.edu](mailto:ksmith@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 15, 2019**.

### **PART 1: REFERRED BY INFORMATION**

- 1) Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_
- 2) Institution/Company: \_\_\_\_\_
- 3) Address: \_\_\_\_\_  
City, ST: \_\_\_\_\_ 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

### **PART 2: WRITTEN EVALUATION**

In an attached letter, please describe specific instances of abilities, skills, and attributes, including any limitations as well as strengths, for the following areas:

- Academic habits (e.g. challenges oneself, manages time well, utilizes academic support networks)
- Leadership (e.g. ability to lead & motivate others)
- Motivation & long-term goals (e.g. sets realistic goals & develops strategies for completing them)
- Self-awareness / self-concept (e.g. understanding of personal strengths & weaknesses)
- Community involvement (e.g. family, school, community, or extracurricular activities)

Referred By Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If filling out electronically, type full name to reflect signature)*

More information on the Embark Summer Precollegiate Program is available at [www.fanning.uga.edu](http://www.fanning.uga.edu).

**Postmark Deadline: May 15, 2019**