

EMBARK SUMMER PRECOLLEGIATE PROGRAM APPLICATION

UNIVERSITY OF GEORGIA: June 9th – 13th, 2019
SAVANNAH STATE UNIVERSITY: June 16th – 20th, 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 10th or 11th 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

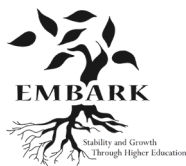
OR

scan and email application
to: ksmith@fanning.uga.edu

➤ **FOR MORE INFORMATION, CONTACT:**

- David Meyers - 706 542-5062 office or Kate Smith 706-542-6109

Postmark Deadline: May 15, 2019



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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 ☐ 12th 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: _____

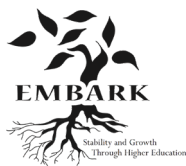
What are your primary duties? _____

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 |
|--------------------------|--------------------|-----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Postmark Deadline: May 15, 2019



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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?

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

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

4) 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)

Postmark Deadline: May 15, 2019



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 **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.

Postmark Deadline: May 15, 2019