The purpose of the Early Academic Outreach Program (EAOP) is to help more students meet the requirements to go to college.

EAOP is a free program! To join EAOP, you must:

- Attend a school served by EAOP
- Meet federal income guidelines or be the first in your family to attend college
- Meet the following GPA requirement for your current grade level
  
  7th & 8th: Grade: 2.5  
  9th: Grade 2.75  
  10th Grade: 3.0

If you are enrolled into the program, here is what you can expect:

**ACADEMIC ADVISING**: EAOP will follow your progress through high school and give you advice about which classes to take to help you stay on track for college eligibility.

**COLLEGE CHOICES**: EAOP will help you research your college choices. You may also visit a college campus and speak to college students!

**EXAM PREPARATION**: EAOP will provide information about two important college entrance exams: the ACT and the SAT.

**APPLYING TO COLLEGE**: EAOP will help you complete your college application and give you tips on how to write a strong personal statement.

**PAYING FOR COLLEGE**: EAOP will give you information about where you can find money to help pay for college, including scholarships, grants, and loans.

For a complete list of the schools served by EAOP, please see the back of this page.
### Region 1
**Monica Peña-Villegas**  
Regional Assistant Director  
mapenavillegas@ucdavis.edu  
530.752.9227

**Esparto Unified**  
Esparto High School  
Esparto Middle School

**Woodland Joint Unified**  
Douglass Middle School  
Lee Middle School  
Pioneer High School  
Woodland High School

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### Region 2
**Harold Stewart-Carballo**  
Regional Assistant Director  
hjstewart@ucdavis.edu  
530.754.5017

**Elk Grove Unified**  
Florin High School  
James Rutter Middle School

**Twin Rivers Unified**  
Foothill Ranch Middle School  
Foothill High School  
Grant Union High School  
Martin Luther King, Jr Technology Academy

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### Region 3
**Kayla Vogt**  
Regional Assistant Director  
kcvogt@ucdavis.edu  
530.752.1963

**Sacramento City Unified**  
Fern Bacon Middle School  
Hiram Johnson High School  
Luther Burbank High School  
Rosa Parks Middle School K8  
Will C. Wood Middle School

**Washington Unified**  
Westmore Oaks Elementary School  
River City High School

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### Region 4
**Karolina Vasquez**  
Regional Assistant Director  
kvasquez@ucdavis.edu  
530.754.2386

**Elk Grove Unified**  
Valley High School

**Galt Joint Union**  
Galt High School  
Robert L. McCaffrey Middle School

**Sacramento City Unified**  
Sacramento Charter High School  
Albert Einstein Middle School  
Rosemont High School

**San Juan Unified**  
Arcade Fundamental Middle School  
Mira Loma High School

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**Dixon Unified**  
John Knight Middle School  
Dixon High School

**Natomas Unified**  
American Lakes School  
Natomas Middle School  
Natomas High School  
Inderkum High School
### Program Application
2022-2023

A recent transcript must be submitted with the application.

**Online application:** [https://eaop.ucdavis.edu/apply](https://eaop.ucdavis.edu/apply)

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### Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Preferred Name:

<table>
<thead>
<tr>
<th>Birth Date</th>
<th>Preferred Name</th>
<th>Gender</th>
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<tbody>
<tr>
<td></td>
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<td>□ Female</td>
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<table>
<thead>
<tr>
<th>State ID</th>
<th>School</th>
<th>Grade Level</th>
<th>GPA</th>
<th>High School Graduation Year</th>
</tr>
</thead>
</table>

**Home Phone:** (____)_____ - **Cell Phone:** (____)_____ - **Text ok:** □

(To receive information about scholarships and other opportunities)

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>City</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address/P.O. Box Number</td>
<td>Apt. No.</td>
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</table>

---

**Email address:**

(□ By adding email, you consent to receiving communications over email about scholarships and leadership development opportunities)

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### Parent & Family Information

<table>
<thead>
<tr>
<th>Parent/Legal Guardian's Name</th>
<th>Cell Phone: (____)_____</th>
<th>Work Phone: (____)_____</th>
<th>Occupational Title</th>
<th>Email</th>
<th>Lives with student?</th>
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<tbody>
<tr>
<td>Parent 1/Legal Guardian</td>
<td></td>
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<td></td>
<td></td>
<td>□ No □ Yes</td>
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<tr>
<td>Parent 2/Legal Guardian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ No □ Yes</td>
</tr>
</tbody>
</table>

- **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):**

- **Total Family Income:**

  - (1) □ $27,180 or less
  - (2) □ $27,181 - $36,620
  - (3) □ $36,621 - $46,060
  - (4) □ $46,061 - $55,500
  - (5) □ $55,501 - $64,940
  - (6) □ $64,941 - $74,380
  - (7) □ $74,381 - $83,820
  - (8) □ $83,821 - $93,260
  - (9) □ $93,261 or greater

### Highest Level of Education Completed:

<table>
<thead>
<tr>
<th>Unknown or not available</th>
<th>UNK</th>
<th>Parent 1/Guardian</th>
<th>Parent 2/Guardian</th>
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<tbody>
<tr>
<td>Never Attended School</td>
<td>000</td>
<td></td>
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<tr>
<td>Attended Six Years or less</td>
<td>G06</td>
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</tr>
<tr>
<td>Attended Junior High School</td>
<td>G07</td>
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<tr>
<td>Finished Junior High</td>
<td>G08</td>
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<tr>
<td>Attended Some High School</td>
<td>G11</td>
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</tr>
<tr>
<td>High School Graduate</td>
<td>G12</td>
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<tr>
<td>General Education Diploma (GED)</td>
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<tr>
<td>Attended Some College or University</td>
<td>C01</td>
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<td></td>
</tr>
<tr>
<td>Associates of Arts (AA, AS, etc.)</td>
<td>C02</td>
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<tr>
<td>Bachelor's Degree (BS, BA, AB, etc.)</td>
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<tr>
<td>Master's Degree (MA, MBA, MS, etc.)</td>
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<tr>
<td>Doctorate (PhD, MD, EdD, etc.)</td>
<td>GPA</td>
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<td></td>
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<tr>
<td>College degree obtained outside U.S.?</td>
<td>Yes</td>
<td>No</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Early Academic Outreach Program (EAOP) Activities and Projects, herein after called the “Activity” or “Project”, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Early Academic Outreach Program (EAOP) Activities and Projects.

Assumption of Risks: Participation in Early Academic Outreach Program (EAOP) Activities and Projects carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in Early Academic Outreach Program (EAOP) Activities and Projects and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in EAOP Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date

Signature of Student Date

Print Name

Print Name
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 Review 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 ________________________________
Authorization to Consent to Treatment of Minor

(I)(We), the undersigned parent(s)/guardian(s) of ____________________________, a minor, do hereby authorize

First and Last Name

University of California, Davis Health Services or attending medical personnel as agent(s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practice Act, California Business and Professions Code §1600 et. seq.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of California Family Code §6910. It is understood that every effort will be made by said agent(s) to contact the undersigned prior to exercising this authorization, but no aforementioned medical care shall be withheld if contact cannot be made in a timely manner.

(I)(We) hereby authorize any facility, which has provided medical care to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of said minor to the above-named agent(s) upon the completion of medical care. This authorization is given pursuant to California Health and Safety Code §1283.

(I)(We) understand that The Regents of the University of California, its directors, officers, employees, and agents (“The University”) is not responsible for payments incurred due to aforementioned medical care.

These authorizations shall remain effective from the date signed below until the student completes the program, unless revoked sooner in writing.

Special Condition:

☐ If your child has health information that would be important for us to be aware of, please check here for additional follow-up. Do not send health information on this form.

Signature required for either option:

☐ I authorize consent to treatment as outline above.
☐ I do not authorize consent to treatment.

_____________________________  _______________________________  _________________
Parent/Guardian Name (Required) (print)  Signature (Required)  Date