university of california
eAOP
where preparation meets opportunity
(530) 754.8106 Office
(530) 752.9326 Fax

PROGRAM APPLICATION
2020-2021

A recent transcript must be submitted with the application.

Early Academic Outreach Program
University of California, Davis
One Shields Avenue – 2210 Haring Hall
Davis, CA 95616

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____ Birth Date: ____/____/____

Mailing Address: _____ City: _____ Zip Code: _____
Street Address/P.O. Box Number **Apt. No.**

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Text ok: ☐ (To receive information about **scholarships** and **other opportunities**)

Gender: ☐ Female ☐ Male ☐ Trans Female ☐ Trans Male ☐ Gender Queer/Gender Non-Conforming ☐ Different Identity ☐ Decline ☐ Other: _____

State ID: _____ School: _____ Grade Level: ____ GPA: ____ High School Graduation Year: ____
This is not your School ID Number.

Mark any programs you are a part of: ☐ AVID ☐ ETS ☐ Gear-UP ☐ MESA ☐ Puente ☐ Upward Bound ☐ Other: _____

Email address: _____@_____

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

Are you Hispanic or Latino descent? ☐ No ☐ Yes Are you foster youth? ☐ No ☐ Yes Are you an English Learner (EL) student? ☐ No ☐ Yes

Student's Ethnicity: (Please choose only one)

01 ☐ African/African American/Black
02 ☐ American Indian/Alaskan Native
11 ☐ Caucasian/White
16 ☐ Chicano/a
03 ☐ Chinese/Chinese American
04 ☐ East Indian/Pakistaní
05 ☐ Filipino/Filipino-American
31 ☐ Hmong
32 ☐ Iu-Mien
06 ☐ Japanese/Japanese-American
07 ☐ Korean/Korean American
33 ☐ Laotian
13 ☐ Latino/Hispanic
08 ☐ Mexican/Mexican-American
34 ☐ Middle Eastern
09 ☐ Pacific Islander
35 ☐ Russian
36 ☐ Ukrainian
10 ☐ Vietnamese/Vietnamese-American
12 ☐ Other Asian (Specify): _____
14 ☐ Other (Specify): _____
15 ☐ Decline to state

PARENT & FAMILY INFORMATION

Are you eligible for free/reduced lunch? ☐ No ☐ Yes

Parent 1/Legal Guardian's Name: _____
Cell Phone: (____) ____-____ Text ok: ☐
Work Phone: (____) ____-____
Occupational Title: _____
Email: _____
Lives with student? ☐ No ☐ Yes

Parent 2/Legal Guardian's Name: _____
Cell Phone: (____) ____-____ Text ok: ☐
Work Phone: (____) ____-____
Occupational Title: _____
Email: _____
Lives with student? ☐ No ☐ Yes

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): _____ **Is the household a single-parent home?** ☐ **No** ☐ **Yes** ☐ **Decline to State**

Total Family Income:
(1) ☐ $23,107 or less
(2) ☐ $23,107 - $31,284
(3) ☐ $31,284- $39,461
(4) ☐ $39,461- $47,638
(5) ☐ $47,638- $55,815
(6) ☐ $55,815- $63,992
(7) ☐ $63,992- $72,169
(8) ☐ $72,169- $80,346
(9) ☐ $80,346 or greater

HIGHEST LEVEL OF EDUCATION COMPLETED:	PARENT 1/GUARDIAN	PARENT 2/GUARDIAN
Unknown or not available	☐ (UNK)	☐ (UNK)
Never Attended School	☐ (000)	☐ (000)
Attended Six Years or less	☐ (G06)	☐ (G06)
Attended Junior High School	☐ (G07)	☐ (G07)
Finished Junior High	☐ (G08)	☐ (G08)
Attended Some High School	☐ (G11)	☐ (G11)
High School Graduate (High School Diploma)	☐ (G12)	☐ (G12)
General Education Diploma (GED)	☐ (GED)	☐ (GED)
Attended Some College or University	☐ (C01)	☐ (C01)
Associates of Arts (AA, AS, etc.)	☐ (C02)	☐ (C02)
Bachelor's Degree (BS, BA, AB, etc.)	☐ (C04)	☐ (C04)
Master's Degree (MA, MBA, MS, etc.)	☐ (GR2)	☐ (GR2)
Doctorate (PhD, MD, EdD, etc.)	☐ (GR4)	☐ (GR4)
College degree obtained outside U.S.?	☐ Yes ☐ No	☐ Yes ☐ No

Office Use Only: ☐ED ☐FD ☐Other Transcript: ☐No ☐ Yes Approving Staff's Initials: _____ V.1 06.19.2018

IDKey: _____ Data Entry Staff's Initials: _____ Date Entered: ____/____/____

University of California, Davis
EARLY ACADEMIC OUTREACH PROGRAM

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

University of California, Davis
EARLY ACADEMIC OUTREACH PROGRAM

Parent/Guardian Authorization

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 Gateways 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

UNIVERSITY OF CALIFORNIA, DAVIS

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 CONDITIONS

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. ☐

_____ _____ _____

Parent/Guardian Name (print) Signature Date