Early Academic Outreach Program
2022 - 23 Program Enrollment Form

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.
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

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

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

Region 4

530.754.8106

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

Region 5

Karolina Vasquez  
Regional Assistant Director  
kvvasquez@ucdavis.edu  
530.754.2386

Dixon Unified  
John Knight Middle School  
Dixon High School

Natomas Unified  
American Lakes School  
Natomas Middle School  
Natomas High School  
Inderkum High School
**PROGRAM ENROLLMENT FORM**

2022-2023

Early Academic Outreach Program
University of California, Davis
One Shields Avenue – 2128 Dutton Hall
Davis, CA 95616

**STUDENT INFORMATION**

A recent transcript must be submitted with the application.

Online application: https://eaop.ucdavis.edu/apply

Last Name:                       First Name:                  Middle Name:                  

Preferred Name:                                 Birth Date:    /   /   

Mailing Address:                            City:               Zip Code:                  

Home Phone: (    )  -                 Cell Phone: (____)           -             Text ok:  

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:                  

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

Email address:                                                @                  

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
13  Latino/Hispanic
04  East Indian/Pakistaní
08  Mexican/Mexican-American
05  Filipino/Filipino-American
34  Middle Eastern
31  Hmong
32  Lu-Mien
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):                  

Language(s) Spoken at Home:                  

Number of family members in the household (including student):                  

Is the household a single-parent home?  No  Yes  Decline to State

**Highest Level of Education Completed:**

Parent 1/Guardian:                  

Parent 2/Guardian:                  

Data Entry Staff’s Initials: Date Entered: /   /   

Office Use Only:  ED  FD  Other

Transcript:  No  Yes

Approving Staff’s Initials: V.1  06.07.2022
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.
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 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

UC DAVIS YOUTH PROTECTION
Safeguarding positive engagement with minors at UC Davis.  updated October 2022