

Early Academic Outreach Program


2023 - 24 Program Enrollment Form

UC DAVIS

university of california

EAOP

where preparation meets opportunity

 [eaop.ucdavis.edu](https://www.facebook.com/eaop.ucdavis.edu)

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REGION 1

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REGION 2

Harold Stewart-Carballo
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REGION 3

Martin Valencia-Estay
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REGION 4

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REGION 5

Marrisa J Smith
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530.754.2386



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

Mayra Meza-Chavez

Regional Assistant Director
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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

Martin Valencia-Estay

Regional Assistant Director
mvalenciaestay@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

Johanna Alatorre Gonzalez

Regional Assistant Director
jjalatorreg@ucdavis.edu
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

Marrisa Smith

Regional Assistant Director
rissmith@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



(530) 754.8106 Office
(530) 752.9326 Fax

**PROGRAM ENROLLMENT FORM
2023-2024**

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

A recent transcript must be submitted with the application.

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

STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

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

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

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) \$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:

PARENT 1/GUARDIAN

PARENT 2/GUARDIAN

Unknown or not available	<input type="checkbox"/> (UNK)	<input type="checkbox"/> (UNK)
Never Attended School	<input type="checkbox"/> (000)	<input type="checkbox"/> (000)
Attended Six Years or less	<input type="checkbox"/> (G06)	<input type="checkbox"/> (G06)
Attended Junior High School	<input type="checkbox"/> (G07)	<input type="checkbox"/> (G07)
Finished Junior High	<input type="checkbox"/> (G08)	<input type="checkbox"/> (G08)
Attended Some High School	<input type="checkbox"/> (G11)	<input type="checkbox"/> (G11)
High School Graduate (High School Diploma)	<input type="checkbox"/> (G12)	<input type="checkbox"/> (G12)
General Education Diploma (GED)	<input type="checkbox"/> (GED)	<input type="checkbox"/> (GED)
Attended Some College or University	<input type="checkbox"/> (C01)	<input type="checkbox"/> (C01)
Associates of Arts (AA, AS, etc.)	<input type="checkbox"/> (C02)	<input type="checkbox"/> (C02)
Bachelor's Degree (BS, BA, AB, etc.)	<input type="checkbox"/> (C04)	<input type="checkbox"/> (C04)
Master's Degree (MA, MBA, MS, etc.)	<input type="checkbox"/> (GR2)	<input type="checkbox"/> (GR2)
Doctorate (PhD, MD, EdD, etc.)	<input type="checkbox"/> (GR4)	<input type="checkbox"/> (GR4)
College degree obtained outside U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Office Use Only: ED FD Other

Transcript: No Yes

Approving Staff's Initials: _____

V.1 06.07.2022

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 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