

# Esperanza En Educación



Office of Minority Affairs & Diversity

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## *Application Packet Includes:*

- *Student Invitation*
  - *Paper Application*
  - *Conduct & Liability Form*
  - *Mailing Instructions*
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# University of Washington

- Who:** **YOU!** Seniors who have expressed an interest in the UW and have a 3.0 or higher cumulative GPA.
- What:** **Esperanza En Educación (EEE) is a two-day, overnight conference designed for Latino high school seniors interested in attending the University of Washington - Seattle campus.** Attendees are provided with resources that will enable them to achieve their goals in pursuit of a higher education. The conference agenda includes interactive workshops such as essay writing, visiting academic departments, financial aid & scholarship, and student life. All of the workshops are designed by OMA/D staff in collaboration with UW professors, students and department representatives. (Note: Participation is open to all students regardless of race or ethnicity.)
- When:** **Monday, October 26<sup>th</sup> – Tuesday, October 27<sup>th</sup>, 2009.** Arrive Monday morning by 10 a.m. and depart Tuesday afternoon at approximately 3 p.m.
- Where:** **The University of Washington, Seattle Campus**
- Why:** **Because there is no better way to make the decision about attending the UW than taking two days to experience campus! Especially when the expenses are on us!**

What is it going to cost?

Transportation will be provided to those students living **EAST** of the Cascade Mountains, there will be a **Charter Bus** headed to Seattle just for you. The bus will have specific pick-up points (locations to be determined). Everything else including food, hotel stay, conference materials and fun are **free** of charge!

Are you still interested?

**Yeah! Be sure to read the information in this packet and complete both sides of the application form ASAP, but no later than Friday, October 9th.** There are only 100 slots available for the conference and over 1500 students have been contacted statewide. Because participation in this conference is on a first-come first served eligibility and availability basis, it's important to mail your materials as soon as you complete the application. **Remember, all registration forms are considered INCOMPLETE without a copy of your high school transcript (unofficial accepted).**

Do you still have questions? We are here to help! Please don't hesitate to email or call. We are more than happy to address your concerns! Please contact us if you have any questions.

Carlos D. González  
Admissions Outreach Counselor  
ayudando@u.washington.edu  
206-543-5715

Outreach and Recruitment Website: <http://depts.washington.edu/reach/>  
Fax: 206-685-5361

### **-Application Instructions-**

1. Complete ALL sections of the application
  - Student Information
  - Parent/Guardian Information
  - Select Workshops
  - Emergency Contact
  - Parent/Student Signature
  - Parent and Student Signature on Conduct/Liability Form
  
2. Mail the application to:

Attn: EEE Conference  
University of Washington  
OMA/D Outreach and Recruitment  
394 Schmitz Hall  
Box 355845  
1410 Campus Parkway NE  
Seattle, WA 98195

**Student Information:**

**Please provide the following information and your signature below.**

Student Name: \_\_\_\_\_

Gender:                         Male                                       Female

Date of Birth: \_\_\_\_\_                    Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Test Scores (SAT or ACT or N/A): \_\_\_\_\_

**Circle two (2) UW departments you would like to visit:**

Business

Engineering

Law

Medicine

Nursing

Astronomy   Other \_\_\_\_\_

**Parent/Guardian Information:**

**Please provide the following information and your signature below.**

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

If address is same as above, please check here:

Mailing Address: \_\_\_\_\_

Street/P.O Box

\_\_\_\_\_

City

\_\_\_\_\_

Zip

Day Phone: (\_\_\_\_\_) \_\_\_\_\_

Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

## Conduct & Liability Section

I, \_\_\_\_\_, as a parent or guardian of the Esperanza En Educación (EEE) student conference attendee, \_\_\_\_\_, recognize that this conference is made possible with the contributions of the University of Washington Office of Minority Affairs And Diversity (OMA/D). As a parent or guardian of a participant of Esperanza En Educación, my son/daughter's conduct must reflect a sincere appreciation of OMA/D efforts. I understand that my son/daughter's attendance at this conference is contingent upon his/her appropriate conduct.

My son/daughter promises that while at Esperanza En Educación, he/she will:

1. Act in a respectful and professional manner at all times.
2. Respect individual privacy and comfort.
3. Be aware of and preserve the safety, health and welfare of other individuals.
4. Refrain from conduct that will cause any damage to facilities or equipment during the ride to and from the conference.
5. Refrain from conduct that will cause any damage to facilities or equipment during the conference.
6. Refrain from the consumption or be in the presence of any illegal drugs and/or alcohol.
7. Participate in all activities within the EEE conference.

I agree to assume full responsibility for any risk of injury, death, or property damage arising out of my son/daughter's participation in the conference and I give permission for them to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as a result of such medical emergency will be solely my responsibility.

I release the University of Washington Office of Minority Affairs and their affiliates from any liability on account of injury to or death arising out my son/daughter's participation in Esperanza En Educación activities and hold the Office of Minority Affairs and Diversity and their affiliates harmless of any damage or costs that may be incurred due to acts during my son/daughter's participation in this conference.

I have read and understand the above and understand that the UW OMA/D reserves the right to expel my son/daughter from the conference if my son/daughter does not live up to this agreement. If for any reason my son/daughter is expelled from the conference, I as a parent will be held responsible for any transportation cost resulting from sending my son/daughter home.

I further understand that my child's attendance at the EEE conference may involve coverage by the media. I hereby release any claim I may have surrounding rights to my child's name, image, voice, or likeness, and agree that the University may use my child's name, image, voice, or likeness in connection with publicity for the University of Washington and its outreach and recruitment purposes.

*Please print the following information:*

**High School:** \_\_\_\_\_

**In case of an emergency, please contact:** \_\_\_\_\_

**Relationship to student:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

**Please list any allergies to medication:**

Medical Restrictions:  Yes  No If yes, explain: \_\_\_\_\_

Current Medications:  Yes  No If yes, please list: \_\_\_\_\_

Dietary Restrictions:  Yes  No If yes, explain: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To request disability accommodations, contact the Disability Services Office at least ten days in advance of the event:  
(206) 543-6450 (voice); (206) 543-6452 (TTY); (206) 685-7264 (fax); dso@u.washington.edu (e-mail).