

Essence of Success

October 19-20, 2009



University of Washington

Office of Minority Affairs and Diversity
Recruitment and Outreach

**We invite YOU to participate in our two-day program.
Read below for qualifications.**

- Who:** Seniors who have expressed an interest in the UW and have a 3.0 or higher cumulative GPA.
- What:** A conference for African-American high school seniors who are interested in attending the University of Washington – Seattle. “Essence” was created to encourage African-American students to pursue higher education as well as to give them the opportunity to experience the UW. Participants will meet future classmates, learn about campus programs, and discover the diversity and unity that exists within the UW community. You are guaranteed a lot of fun and a rewarding, worthwhile experience! (Note: participation is open to all students regardless of race).
- When:** Monday, October 19 – Tuesday, October 20, 2009. Arrive Monday morning by 8:30 a.m. and depart Tuesday afternoon at approximately 3:30 p.m.
- Where:** The University of Washington - Seattle Campus
- Why:** To get an up close and personal view of the University of Washington campus, students, staff and resources. Come explore life as a future HUSKY!

What is this going to cost?

Everything is **FREE**, including: food, hotel, conference materials and fun! The only cost to you will be transportation to the University of Washington - Seattle campus. **Note:** Students living in Tacoma will have the option of riding a bus to this event.

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 Wednesday, October 7, 2009**. There are only 100 slots available for the conference and students have been contacted statewide about our program. Participation in this conference is based on a **“first-come, first-served” eligibility and availability basis**. It’s important to mail your complete application as soon as possible. **Please note: 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.

Jennifer Rance
Outreach and Admissions Counselor
jrance@uw.edu
206-616-7712

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

Application Instructions

1. Complete ALL sections of application:

- Student Information
- Select Workshops
- Parent/Guardian Information
- Emergency Contact
- Student and Parent/Guardian Signatures
- Copy of High School Transcript (unofficial accepted)

2. Mail Application to:

OMA&D, Recruitment and Outreach
University of Washington, Box 355845
Seattle, WA 98195
Attn: EOS Conference

3. Confirmation to attend program:

Students will receive an acceptance letter via email. Please provide an updated email address in the student information section. If you do not have an email address, we will send the letter to your mailing address. Students will be expected to RSVP via email or phone.

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).

9th Annual Essence of Success Conference
Monday, October 19 - Tuesday, October 20, 2009
Application Form

Please provide the following information for the student and parent/guardian. The completed **Application Form** and **High School Transcript (unofficial accepted)** must be returned to the University of Washington no later than **Wednesday, October 7, 2009**. Please fax: 206-685-5361 or mail forms to:

OMA&D, Recruitment and Outreach
University of Washington, Box 355845
Seattle, WA 98195
Attn: EOS Conference

Student Information:

Student Name: _____ Male Female

Date of Birth: _____ Grade level: _____

Address: _____
Street

City _____ Zip _____

Phone: (_____) _____ Email: _____

High School: _____ Grade Point Average: _____

Ethnicity: _____ Test Scores (SAT or ACT or Unknown): _____

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

Business Engineering Law Medicine Nursing

Other: _____

Please read through the following list of **Student Statement of Expectations** and sign below:

1. Participation is mandatory in all activities while you are attending the Essence of Success Conference.
2. You must remain on campus during your entire visit to the UW & stay overnight at the Silver Cloud Inn.
3. There will be a curfew. You must be in your hotel room between 10:30 p.m. and 6:30 a.m.
4. Upon arrival, you will receive a folder with necessary information and materials. Please make sure your folder is with you at all times for reference and note taking.
5. Come prepared to interact with UW students, faculty, and staff, listen to different speakers, ask lots of questions, and spend time with your peers.
6. Participants are expected to be respectful of University staff, property and other attendees.
7. There will be zero tolerance for alcohol or drug use during Essence of Success. This excludes medicine prescribed by your doctor.

I have read this statement, agree to the expectations, and will abide by them. I understand that if I do not abide by them, or if I am disruptive or disregard the instructions of the University of Washington staff, I may be asked to leave and my parent/guardian will be contacted.

Student Signature _____ Date _____

Parent/Guardian Information:

Please provide the following information (print or type). Please also read the Parent/Guardian Statement of Consent and provide your signature below.

Parent/Guardian Name: _____ Relationship: _____

Address: _____
Street

City _____ Zip _____

Day Phone: (_____) _____ Email: _____

Insurance Company: _____ Policy Number: _____

Participant's Physician's Name: _____ Phone: (_____) _____

Please list any of the participant's 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: _____

If unable to reach parent/guardian, please contact:

Name: _____ Relationship: _____
Day Phone: (_____) _____ Evening Phone: (_____) _____

Would you be interested in attending a parent information session on Monday, October 19, 2009 between 9:30 am - 12:00 pm? Yes No

Parent/Guardian Statement of Consent

My child, _____, has my permission to participate in the University of Washington's Essence of Success conference October 19-20, 2009.

I release the University of Washington ("the University"), and its respective directors, officers, agents, and employees (collectively, "Releasees") from liability for any loss, damage, injury or illness resulting from my child's participation in this activity. On behalf of my child and myself, I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releasees or any of them.

In the case of injury or illness, I authorize University representatives to seek all necessary medical attention for my child. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred. I remain fully responsible for any actions taken by my child.

I also note that – though my child will be accompanied much of the time by the Releasees – that they cannot monitor my child 100% of the time. If the University discovers that my child has left his/her group, or has done something to risk his/her safety or the safety of someone else, I will be called and my child asked to leave the program immediately.

I further understand that my child's attendance at the Essence of Success 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 I 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 recruitment efforts.

I verify that I have read and understood this document and agree to its terms.

Parent/guardian signature _____ Date _____