



# Readiness for Islander Success in Education

November 4-5, 2009



## University of Washington Office of Minority Affairs and Diversity

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 Pacific Islander high school seniors who are interested in attending the University of Washington – Seattle. RISE was created to encourage Pacific Islander students to pursue higher education as well as give them the opportunity to experience the UW. Attendees will meet future classmates, learn about campus programs, and discover the diversity and unity that exist in the UW community. This event will guarantee you a lot of fun and a rewarding, worthwhile experience. Note: participation is open to all students regardless of race.
- When:** Wednesday, November 4, 2009 – Thursday, November 5, 2009. Arrive Wednesday morning by 8:30 a.m. and depart Thursday afternoon at approximately 7:00 p.m.
- Where:** The University of Washington - Seattle Campus
- Why:** Because there is no better way to make an informed decision about attending the UW than taking two days to experience campus, especially when the expense is on us

**What is this going to cost?**

The only cost to you will be transportation to the University of Washington - Seattle campus. Everything else including food, hotel, 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 Monday, October 26, 2009.** There are only 100 slots available for the conference and hundreds of students have been contacted statewide. Because participation in this conference is based on a “first-come, first-served” eligibility and availability basis, it’s important to mail your material as soon as you complete the application. **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!

Va’eomatoka Valu  
Outreach and Admissions Counselor  
[toka8@uw.edu](mailto:toka8@uw.edu)  
206-543-4528

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

**Application Instructions**

**1. Complete ALL sections of application:**

**Student Information  
Parent Guardian Information  
Emergency Contact  
Student and Parent/Guardian Signatures  
Copy of High School Transcripts (unofficial accepted)**

**2. Mail Application to:**

**OMA/D, Recruitment and Outreach  
University of Washington, Box 355845  
Seattle, WA 98195  
Attn: RISE Committee**

**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](mailto:dso@u.washington.edu) (e-mail)*



# 8<sup>th</sup> Annual Readiness for Islander Success in Education Conference

Wednesday, November 4 – Thursday, November 5, 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 **Monday, October 26, 2009**.

Please fax: **206-685-5361** or mail forms to:

**OMA/D, Recruitment and Outreach  
University of Washington, Box 355845  
Seattle, WA 98195  
Attn: RISE Committee**

### 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): \_\_\_\_\_

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

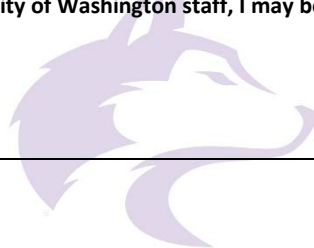
Please read through the following list of **Student Statement of Expectations** and sign below:

1. Participation is mandatory in all activities while you are attending the RISE 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 11:30 p.m. and 6:00 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 RISE. 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





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## Application Form



### Parent/Guardian Information:

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

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Street

City

Zip

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

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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 Tuesday, October 13, 2009 from 9:30am – 12pm?  Yes  No

### Parent/Guardian Statement of Consent

My child, \_\_\_\_\_, has my permission to participate in the University of Washington's RISE Conference on November 4-5, 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 RISE 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

