



# 2010 Participant Intake Survey & Release Form

DATE SUBMITTED: / /

DREAMSIS  
 BINDER

Please provide the following information to help us serve you better in our program. Please note that answering these questions is voluntary and that submission of this survey does not affect your participation in the Dream Project, but it allows us to know more about our students and our impact.

**2010-2011**

**Return this form to a Dream Team member or mail it to the address below.**

LAST/FAMILY NAME:	FIRST/GIVEN NAME:	MIDDLE NAME:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
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Contact Information			
MAILING ADDRESS:	GRADUATION YEAR: <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013		
CITY: STATE: ZIP:	HIGH SCHOOL:		
HOME PHONE NUMBER:	E-MAIL ADDRESS:		
CELL / MOBILE PHONE NUMBER:	DATE OF BIRTH: Month: Day: Year:		

### Additional Information

- Do you have reliable access to a computer and e-mail in your home? . . . . .  YES  NO
- Is English the primary language spoken in your home?. . . . .  YES  NO
  - If one of your parents/guardians does not speak English, what language do they speak? \_\_\_\_\_
  - Indicate all other languages spoken in your house: \_\_\_\_\_
- Do you live in a single-parent household? . . . . .  YES  NO
- Do you have any dietary restrictions? . . .  NO  VEGETARIAN  VEGAN  KOSHER  HALAL  OTHER: \_\_\_\_\_
- Are you, or have you ever been, a foster care youth? . . . . .  YES  NO
- What are your plans after high school?
 

<input type="checkbox"/> VOCATIONAL SCHOOL	<input type="checkbox"/> MILITARY SERVICE	<input type="checkbox"/> COMMUNITY COLLEGE
<input type="checkbox"/> 4-YEAR COLLEGE/UNIVERSITY	<input type="checkbox"/> JOB (NOT ATTEND COLLEGE)	<input type="checkbox"/> I DON'T KNOW

### Parent/Guardian Education Information

- Did at least one of your parents graduate from a college/university? . . . . .  YES  NO  I DON'T KNOW
- Your Mother's or first Guardian's highest level of education:
 

<input type="checkbox"/> DID NOT GRADUATE HIGH SCHOOL	<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> SOME COLLEGE BUT NO DEGREE
<input type="checkbox"/> 2-YEAR COLLEGE DEGREE	<input type="checkbox"/> 4-YEAR COLLEGE DEGREE	<input type="checkbox"/> POSTGRADUATE STUDY

  - In what country did she/he receive this education?: \_\_\_\_\_
  - Do you live with this person? . . . . .  YES  NO
- Your Father's or second Guardian's highest level of education (if applicable):
 

<input type="checkbox"/> DID NOT GRADUATE HIGH SCHOOL	<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> SOME COLLEGE BUT NO DEGREE
<input type="checkbox"/> 2-YEAR COLLEGE DEGREE	<input type="checkbox"/> 4-YEAR COLLEGE DEGREE	<input type="checkbox"/> POSTGRADUATE STUDY

  - In what country did he/she receive this education?: \_\_\_\_\_
  - Do you live with this person? . . . . .  YES  NO

**CONTINUED ON REVERSE →**

## Family History Information

10. Will you be the first in your immediate family to go to college/university? . . .  YES  NO

10a. If your answer is NO, who in your family has gone to college (e.g., sister, brother)? \_\_\_\_\_

10b. Did they graduate? . . . . .  YES  NO  IN SCHOOL NOW

11. Have you ever attended school outside the United States? . . . . .  YES  NO

11a. If your answer is YES, in what countr(ies) did you attend school other than the U.S.? \_\_\_\_\_

11b. Which grades have you attended outside the U.S.? . . .  1  2  3  4  5  6  7  8  9  10  11  12

## Demographic Information

12. What race(s) do you consider yourself? **Check all that apply.** For each, please also specify your country of origin or specific heritage/tribe.

AFRICAN AMERICAN: \_\_\_\_\_  LATINO: \_\_\_\_\_

AFRICAN: \_\_\_\_\_  MIDDLE EASTERN: \_\_\_\_\_

ALASKA NATIVE OR AMERICAN INDIAN: \_\_\_\_\_  PACIFIC ISLANDER: \_\_\_\_\_

ASIAN AMERICAN: \_\_\_\_\_  CAUCASIAN OR WHITE: \_\_\_\_\_

HISPANIC: \_\_\_\_\_  OTHER ETHNICITY: \_\_\_\_\_

*Specify here ONLY if none of the groups listed above applies.*

## Family Financial Information

13. Do you qualify for free- or reduced-price lunch at your high school? . . . . .  YES  NO  I DON'T KNOW

14. How many people live in your household (including yourself, parents/guardians, siblings, etc.) . . . \_\_\_\_\_

15. Yearly household income (ask your parent/guardian if you don't know) . . . . . \$ \_\_\_\_\_ .00

### Consent to Release Records:

Under the federal Family Educational Rights and Privacy Act (20 USC §1232g), a high school cannot release its students' records or information from its students' records to the University of Washington (UW) Dream Project without written authorization to do so by the student (if the student is at least 18 years old) or by the student's parent/guardian (if the student is under the age of 18). By signing and dating this form, I hereby consent to the high school listed on the front of this form to release my transcript (or my dependent's transcript) and any other records or information from my records (or my dependent's records) deemed relevant by my high school to the UW Dream Project, including its instructors and students, for the purpose of my (or my dependent's) participation in the UW Dream Project.

### Personal Release Agreement:

By signing and dating this form I agree and consent to the following: I authorize the University to create recordings of my (or my dependent's) image, likeness, and/or voice ("Recordings"), as well as to use my (or my dependent's) name, in connection with my (or my dependent's) participation in the Dream Project. I agree the Recordings may take the form of photographs, films, video, audio tapes, CD-ROMs, DVDs, digital files, and/or any other media. For consideration that I acknowledge, I irrevocably grant to the University of Washington (UW) and its officers and licensees the right to use the Recordings, in their original, modified, or edited form, in any medium for all purposes, including advertising, trade or commercial purpose throughout the world and in perpetuity. The UW also may use and allow others to use my (or my dependent's) name, image, likeness, voice, and biographical or other information in connection with the Recordings. The UW may license to others the rights granted in this Release. I waive the right to inspect or approve versions of my (or my dependent's) image used for publication or the written copy that may be used in connections with images. I release the UW and its officers, officials, employees, representatives, agents, licensees, and assigns from any and all claims that may arise regarding the use of the Recordings and my (or my dependent's) name, including but not limited to, any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright. The UW is permitted, although not obligated, to include my (or my dependent's) name in connection with the Recordings. The UW is not obligated to utilize any of the rights granted in this Personal Release Agreement.

### Student Commitment & Expectations:

As a participant in the UW Dream Project, I understand that I am expected to meet certain commitments. By signing below, I pledge to:

- attend scheduled meetings at the high school
- participate in as many workshops and campus activities as possible
- submit applications of admission to at least three colleges by the respective filing deadlines
- meet all other filing dates as required (e.g., financial aid, scholarships, etc.)

I have read and understand and agree to meet the commitment and expectations above. If I am at least the age of 18, I also consent to the terms and conditions of the Consent to Release Records and Personal Release Agreement above:

STUDENT SIGNATURE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_

*If student is under 18: I am the parent or guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of the Consent to Release Records and Personal Release Agreement above:*

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_