University of Washington Women’s Center
Making Connections
UNLOCKING YOUR POTENTIAL!

Returning Student Application
Returning student,

Thank you for your interest in the Making Connections program. We are excited to offer the opportunity to welcome you back into the program. This upcoming school year, we are also pleased to announce the addition of Ingraham High School as our first official school-based program. Making Connections is going to experience a great expansion, but we still want to make sure our current students are getting the support they need. We are requiring that students resubmit this application, we hope to use your experiences to improve the program for all of our students. The deadline for these applications will be Friday, July 4, 2014. Any applications not postmarked by this date will not receive any further review.

Please use the extra envelope enclosed with this application, the postage has been paid, so stamps are not necessary.

Making Connections provides students with:

- Individual academic advising
- A mentor who supports and encourages you to pursue your aspirations
- SAT/ACT preparation classes
- Participation in conferences and college tours
- Assistance with searching for, editing, and submitting scholarships
- Education on the college admissions process for students and parents
- Assistance with essay writing and overall completion of college admission applications
- Direct assistance in understanding and completing the financial aid process

Incomplete applications will not be considered for further review, each student must submit:

1) Complete application (including essays)
2) Current High school transcript (official or unofficial)
3) Parent/Guardian & Student Contract for Participation

Please send your application to the following address:

Making Connections Program  
UW Women’s Center  
Box 353070  
Seattle, WA 98195-1380

If you have any questions or need further information, please contact Making Connections Program Manager, Senait O Habte at wcmcp@uw.edu, or by calling (206) 685-1090.
I. Student Information

Name: ___________________________________ High School: ________________________________

Address: ________________________________ City: ___________________________ Zip: __________

Home #: ________________________________ Cell #: ________________________________

Email: ________________________________ Cumulative GPA: __________________________

Parent email: ___________________________ Parent Cell #: ___________________________

Please subscribe for an email account if you do not already have one.

Grade Level in 2014-15 school year: 9 10 11 12

How did you hear about Making Connections? __________________________________________

How many years have you been with Making Connections Program? 0 1 2 3

II. Student Demographics:

1) Yearly household income is (check box):
   □ under $10,000  □ $10,000 to $25,000  □ $25,000 to $35,000  □ $35,000 to $45,000
   □ $45,000 to $55,000

2) How many people live in your household?  2 3 4 5 6 7 8 9 10 12

3) Do you qualify for free or reduced lunch?  Yes  No

4) How many adults in your household are employed?  0 1 2 3 4

5) Who do you live with?
   Mother  Father  Both  Grandparent  Guardian
   Other: __________________________

6) Have you taken math courses outside of your requirements?  Yes  No
7) Have you taken science courses outside of your requirements?  Yes  No
8) Have you taken technology courses outside of your requirements?  Yes  No
9) What is your ethnic background?

- African American
- Asian American
- Caucasian
- Chicano/Latino
- Multicultural
- Native American
- Pacific Islander
- Other

10) Educational background: I will be ....

Yes  No

- The first in my family to graduate high school
- A first generation college student (parents don't have 4yr degree)
- The first in my family to go to college

11) How can the Making Connections Program assist you? Check all that apply.

- College entrance requirements
- SAT/ACT preparation
- Campus Visits or College Tour
- Other

- Financial aid assistance
- College Application Process
- Scholarship search

12) Is English your primary language? Yes or No

13) How many languages do you speak? One Two Three Four Other

14) What language do you primarily speak at home?

15) Please use the following scale to represent your answers to parts (a) — (c):

a) How much do you know about selecting a college?
   - Not Much
   - Some
   - A Lot

b) How much do you know about applying to college?
   - Not Much
   - Some
   - A Lot

c) How much do you know about funding for college?
   - Not Much
   - Some
   - A Lot

16) Please use the following scale to represent your answers to questions (a) — (c):

a) How likely is it that math will be a part of your career?
   - Not Much
   - Some
   - A Lot

b) How likely is it that science will be a part of your career?
   - Not Much
   - Some
   - A Lot

c) How likely is it that technology will be a part of your career?
   - Not Much
   - Some
   - A Lot

17) At this point, what are your career interests?

Yes  No

- Science
- Technology
- Engineering
- Math
- Law
- Business
- Liberal Arts
- Social Science
- Other
Each of the following questions must be answered in a short paragraph (5 sentences minimum) on a separate sheet of paper.

1. Please explain how committed you are to pursuing higher education?

2. What are some steps that you are taking to reach your goals?

3. What subjects have Making Connections helped you improve in?

   - Math
   - Science
   - History
   - English
   - college readiness
   - other ____________________________

3. In the last year, what are the steps you took to improve on the subject?

Mark the Making Connections Activities that you attended:

- Making Connections Kick Off
- Fall Career Exploration Workshop
- Parent Informational Workshop
- Monthly MC Class Meeting
- Resume/ Mock Interview Workshop
- Women in Science and Engineering Conference (WISE)
- Parent College Information Panel
- Spring Career Exploration Workshop
- Professionalism Workshop
- Culminating Event for Making Connections
- Weekly Academic Assistance
Optional Activities: Which optional activities did you attend last year?

☐ Martin Luther King, Jr. Day of Service
☐ WSU: Shaping, Cashe, VIBES Conference
☐ Weekly SAT Workshops
☐ Mentor/Mentee Bonding Activities
☐ College Visits

Which Making Connections events were most helpful and how?

What did you gain from your experience this year?

Do you currently have a mentor?

☐ Yes, ______________________ (mentor’s name) is my mentor.
☐ No, but I want one next year.
☐ No, I do not want a mentor.
UW Making Connections Program  
Parent/Guardian & Student Contract for Participation  

Please provide the following information for both the student and parent/guardian.

Student Name: _______________________________  Circle one:  □ Male  □ Female

Date of Birth: ______ / ___ / ______ (Month/Day/Year)

Medical Restrictions: □ Yes  □ No  If yes, explain: __________________________

Current Medications: □ Yes  □ No  If yes, please list: __________________________

Dietary Restrictions: □ Yes  □ No  If yes, please explain: __________________________

Physician’s Name: ___________________________  Phone:(__) ______________________

Please read through the following list of Participant Expectations and sign below:
1. Students will be asked to participate in Making Connections (MC) Activities.
2. Good attendance is strongly encouraged. MC Staff should be notified of absences from activities in advance, with the exception of emergencies.
3. Parents/Guardians are encouraged to support your students’ attendance at MC activities.
4. For some activities, MC will offer transportation. MC will use University of Washington vehicles that will be driven by a designated UW staff or volunteer with a valid driver’s license. If transportation is not available or if the student chooses not to use transportation offered through MC, then the student is responsible for finding transportation to and from an event.

Participants are expected to be respectful of MC staff, property and other attendees.

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.

_________________________________________  Date
Student Signature

_________________________________________  Date
Parent/Guardian Signature
Parent/Guardian Information:

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

Parent/Guardian Name: _______________________________ Relationship: ____________

Address: __________________________________________

                      Street
                      __________________________   Zip
                      City

Day Phone: (____) ___________________ Evening Phone: (_______) ____________

Insurance Company: ______________________ Policy Number: ______________________

If unable to reach above person, please contact:

Name: _______________________________ Relationship: ______________________

Day Phone: (____) ______________________ Evening Phone: (____) ____________

Parent/Guardian Statement of Consent

My child, ______________________________, has my permission to participate in the University of Washington's Making Connections Program events and activities

I release the University of Washington and its respective directors, officers, agents, and employees (collectively, "Releases") from liability for any loss, damage, injury or illness resulting from my child’s participation in this program.

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 Releases.

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 Releases- 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 the University of Washington Making Connections Program may involve coverage by the media. I hereby give permission to the University to utilize my child's name, image, voice, or likeness for publicity purposes for the University of Washington Making Connections Program and its recruitment efforts.

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

Parent/Guardian Signature __________________________________________ Date ____________