

DePaul College Connect

Summer Program Application

July 5 – August 4, 2017



Today's Date _____

Last Name		First Name			Middle Name
Current Mailing Address	Number and Street		Apt. No.	Home Telephone	
	City	State	Zip Code	E-mail Address	

Date of Birth	Month:	Day:	Year:	Expected Graduation Year
Current High School				<input type="checkbox"/> CPS <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Big Shoulders <input type="checkbox"/> Other Catholic

Your High School Student ID Number _____

Please check the box for any program(s) you currently participate in at your high school:

IB diploma
 AP courses
 GEAR UP
 AVID
 Other, please specify: _____

The information below is required to comply with equal opportunity provisions of Federal and state laws and of educational accrediting agencies.

Ethnic Background: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> I do not wish to disclose my race/ethnicity		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to disclose my gender	Are You Eligible for Free/Reduced Lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Contact Information:

Last Name	First Name	Relationship	Phone Number
Number and Street	Apt. No.	City	State
			Zip Code

Have either of your parents completed a 4-year degree at an American university? Yes No I don't know

Have either of your parents completed a college degree outside of the U.S.? Yes No I don't know

If so, please specify: Country: _____

Degree: _____

Do you either plan or working or attending summer school in July-August 2017? Yes No

Note: College Connect classes are 9 am-12pm Monday-Thursday from July 5 through August 4. Please make sure to plan your hours accordingly.

*** REQUIRED NEXT STEP:** Please attach a personal statement explaining why you want to participate in College Connect and what makes you a good candidate for the program. (500 words or less)

See the College Connect website: <http://tinyurl.com/cocodepaul> ♦ Questions? Email CollegeConnect@depaul.edu



Parental Permission

I hereby give permission for my child, _____, to participate in the 2017 College Connect Program at DePaul University. I understand that participating in the Program may include traveling off-campus for field trips via the Chicago Transit Authority or on foot. I acknowledge that certain risks, are inherent in participating in the Program. These risks include, but are not limited to, the risks of personal injury, illness or death, property damages, and property loss or theft, arising out of accidents, epidemics and disease, risks of travel, acts of terrorism, negligent acts or omissions of my child or others (including DePaul University and its agents), or civil disturbances and disorders. I understand that I am solely responsible for any medical, health or personal injury costs relating to my child's participation in the Program. Should my child become ill or injured, I give permission for DePaul University and its employees and agents to render first aid and to seek medical treatment or rescue services on my child's behalf, as they see fit and at my cost. I am further aware that any medical, health and personal injury costs resulting from or relating to the activities undertaken pursuant to my child's participation in the Program will be my sole responsibility. I agree to be financially responsible for the cost of any medical, health and personal injury costs. In consideration of my child being allowed to participate in the Program, I assume all of the risks connected with the Program on behalf of my child, whether foreseen or unforeseen. I HEREBY RELEASE, WAIVE, DISCHARGE, AND HOLD HARMLESS DEPAUL, ITS AFFILIATES, PREDECESSORS, SUCCESSORS, TRUSTEES, OFFICERS, MEMBERS, FACULTY, EMPLOYEES, AGENTS, AND REPRESENTATIVES, PAST OR PRESENT (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, SUITS, LOSSES, LIABILITIES, JUDGEMENTS, COSTS, FEES (INCLUDING ATTORNEYS' FEES) AND EXPENSES ("CLAIMS") FOR ANY PERSONAL INJURY OR ILLNESS, EPIDEMICS AND DISEASE, DEATH, PROPERTY DAMAGE, LOSS AND/OR THEFT OR ANY OTHER OCCURRENCE ARISING OUT OF MY CHILD'S PARTICIPATION IN THE PROGRAM, INCLUDING EMERGENCY MEDICAL TREATMENT OR RESCUE SERVICES SECURED ON MY CHILD'S BEHALF. I ALSO AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY CLAIMS ARISING FROM OR RELATED TO MY CHILD'S OR MY OWN ACTS OR OMISSIONS DURING THE PROGRAM.

Parent Name

Parent Signature

Date

Student Signature

Date

NEXT STEPS: 2017 Application deadline is March 31.

Make sure to submit all REQUIRED materials to our office by March 31, 2017:

- ◆ **Completed and signed College Connect application**
- ◆ **Personal statement** (500 words or less)
- ◆ **Official high school transcript**
- ◆ **Letter of recommendation from your high school counselor or English teacher**

You can submit all application materials via MAIL or EMAIL or FAX to:

Kate Agarwal
Assistant Director, Community Outreach
DePaul University
2400 N. Sheffield Avenue, Chicago, IL 60614-2215
EMAIL: kagarwa1@depaul.edu
PHONE: 773-325-8375
FAX: 773-325-0391