Thank you for your interest in the Dixie State University Adelante Program!

Adelante is a 2-semester, academic program sponsored by a grant from Utah System of Higher Education. The overall goal of Adelante is to increase access to and participation in educational opportunities for minority students in Washington County.

We do this by offering instruction and tutoring in college preparatory courses, personal and career counseling, academic advisement, cultural enrichment activities, and assistance with the college and financial aid application process.

Please take the time to carefully complete this application packet, including attaching any additional required documentation. Email the completed packet to mic@dixie.edu or hand deliver it to Dixie State University, Browning Building Rm. 210 by May 7, 2018.

Matt Doxey
Dixie State University
Retention Coordinator
435-652-7733
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MULTICULTURAL & INCLUSION CENTER
Mikey Nelson, Assistant Director
Daneka Souberbielle, Director

APPLICATION PROCESS CHECKLIST
☐ Submit your completed Adelante Application by May 7, 2018
☐ Submit your high school transcript(s)
APPLICANT INFORMATION

Applicant’s Name: ____________________________________________

First        Middle        Last

Address: ____________________________________________________

Street address and PO box        City        State        Zip Code

Home Phone: (______)_________ - _______ (______)_________ - _______

Cell Phone: (______)_________ - _______

Student Email: ________________________________@__________________^*This will be our main form of contact with you. Must be a valid email address that you check regularly.

The following information is for statistical purposes only and will not be used as a basis for selection into the program.

Ethnicity: Is the Student Hispanic or Latino/a? ○ Yes ○ No

Race (check all that apply): ○ Black/African American ○ Caucasian/White ○ Pacific Islander ○ American Indian ○ Asian/Asian American ○ Other___________________________

Preferred Language: What language is primarily spoken in your home? ______________________

Do you have a documented disability? ○ Yes ○ No If yes, please specify: ______________________

Participation Eligibility: Applicant must reside in the target area, or is enrolled in a target school at the time of acceptance into Adelante.

Current Target High School: Deseret Hills Dixie Enterprise

Hurricane Pine View Snow Canyon

Grade: ____________

Applicant’s Date of birth: _____/_____/_______ Applicant’s Age: _______

Applicant’s Social Security Number (If Applicable): ___________ - _______ - ___________

Place of Birth: ______________________

Is the student a US Citizen or Permanent Resident? ○ Yes ○ No

Answer only if response to previous question was “No”

Is the student DACAmented?    Yes    No
Participant Shows Academic Need: Applicant shows a need for academic support in order to pursue successfully a program of education beyond high school (Bachelor’s degree) (34 CFR §645.3 (c)). “Academic Need” is determined through transcripts, test scores and any other pertinent information about the applicant.

Transcript Release Authorization

In order for academic need to be determined, the applicant’s transcripts must be accessed.

I give permission to Adelante staff and administrators to view or print any and all information pertaining to my child’s academic progress in high school. This not only includes during the application process, but also the duration of my son/daughter’s involvement in Adelante. You have my consent to release grades, records, and test scores to the Adelante program:

Print Parent Name: _____________________  Parent Signature: _________________________

Applicant Academic Need Documentation

Cumulative GPA: ____________  Credits earned to date: _______

What core subjects do you anticipate needing the most help in?

<table>
<thead>
<tr>
<th>English</th>
<th>Math</th>
<th>None</th>
</tr>
</thead>
</table>

Are you behind on credit for high school graduation?

○ Yes, I am behind.  ○ No, I am on track  ○ I don’t know.

Test Scores (ACT, SAT) most recent: English: _______  Reading: _______  Math: _______

Do you have a current I.E.P. at your high school?*  ○ Yes  ○ No  ○ I don’t know

What career(s) or major(s) are you interested in?: ________________________________

_____________________________________________________

_____________________________________________________

_____________________________________________________

Do you plan to receive at least a Bachelor’s degree?  ○ Yes  ○ No

What college(s) have you considered attending? ________________________________

*This information is for Adelante staff only and will not be disclosed to any outside agency or department.
Adelante Medical Consent Form

I, (we), the undersigned, parent(s)/guardian(s) of ________________________________, a minor, do hereby authorize the Retention Coordinator for Adelante at Dixie State University as an agent for the undersigned to consent to any x-ray examinations, anesthetic, medical, or surgical diagnosis, treatment(s), and/or hospital care which is deemed advisable by, and is rendered under general supervision of any physician and/or surgeon licenses under the provisions of the Medical Practice Act. In return, the participant and his/her parent(s) or legally appointed guardian(s) hereby agree to indemnify, hold harmless and release and forever discharge Dixie State University and their employees and agents from all claims and demands which the participants, his/her parent(s) or legal guardian(s) or the representatives and/or their employees and agents by reason of acts, illness, injury, or other consequences arising or resulting directly or indirectly from the participants in aforementioned Adelante Program, or any time subsequent thereto.

I understand that there will be an occasional field trip(s) and give permission for my son/daughter to participate in them. Should he/she elect to attend the summer program, I give my permission with the understanding that the applicant will be covered by accident insurance and will be appropriately supervised and chaperoned.

This authorization shall remain in effect as long as the applicant (son/daughter) is in the Dixie State University Adelante Program.

_________________________________________             _____________________________________
Print Parent/Guardian Name                                      Parent/Guardian Signature

_________________________________________             _____________________________________
Print Parent/Guardian Name                                      Parent/Guardian Signature

**Applicant Medical and Insurance Information**

Is the applicant child covered by health insurance?  ○ Yes  ○ No  Name of Insurance: __________________

Does the applicant child have a personal doctor you wish to have called in case he/she needs medical attention?

○ Yes, Name of doctor: __________________________ Telephone: __________________________    ○ No

Please describe the applicant child’s statement of health (list any physical complaints of past and present and any medications the student is or has been on and why):

____________________________________________________________________________________________
____________________________________________________________________________________________

Is the applicant child allergic to anything?  ○ Yes  ○ No  Please list allergens: __________________

Is the applicant child up to date on all their shots?

Any other medical or health information about the applicant child you’d like to share?

____________________________________________________________________________________________

____________________________________________________________________________________________
Statement of Truth & Commitment Contract

I understand the purpose of the Adelante program, which is to prepare participants to successfully complete a program of post-secondary education. As part of my personal effort in this preparation, I commit to Adelante and intend to participate in all academic year and summer components of the program. I understand that attendance is an integral part of participating in Adelante. Therefore, I agree to attend and actively participate in ALL classes, meetings, seminars and activities sponsored by Adelante. I will comply with all rules and regulations of the Adelante program, and I am aware that failure to comply could result in dismissal from the program. Below is a list of Adelante expectations:

- Maintain at least a 2.5 GPA and avoid receiving D's, F's, I's, or NG's grades. This includes turning in homework assignments on time and having good class attendance.
- I understand that if I receive any poor grades, I will be placed on Academic Probation.
- I plan to attend (or support my child in attending): 10 Spring Seminars and the Summer Bridge program.
- Show respect to all persons involved in Adelante, including staff and other students.
- I realize that when I participate in Adelante activities, I am a representative of the program and I will conduct myself in a positive, responsible manner. This includes refraining from any rude, disruptive, and/or immature behavior.
- I agree to enroll in college my Fall AND Spring semester AFTER I graduate high school, as well successfully complete a Bachelor's Degree.
- I understand and willingly commit to the meeting these expectations. If I fail to comply with any of these, I may be dismissed from the Adelante program.

Admittance to the Summer Bridge portion of our Adelante program will be contingent on the attendance and participation of the college preparatory seminars in the spring. Students who miss more than 3 seminars will NOT be eligible for the summer portion of Adelante.

I attest to the fact that the above information is true and accurate to the best of my knowledge.

Applicant Signature: ___________________________ Date: _________

Parent/Guardian Signature: ___________________________