

2011 nsoro Precollegiate Program Application

University of Georgia

June 19-23, 2011



The UGA Fanning Institute & nsoro Foundation are pleased to present the first UGA college experience program for Georgia youth in foster care.

Complete this application form by May 1st in order to be considered. For more information, contact David Meyers at 706-542-5062 or dmeyers@fanning.uga.edu or visit the EMBRACE website: www.embracega.org.

TO BE ELIGIBLE FOR THIS PROGRAM A STUDENT MUST:

- Be in foster care, a ward of the state or emancipated.
- Be a rising 10th-11th grader in the 2011-2012 school year.
- Demonstrate a commitment to graduate from high school, have a desire to go to a college or university, and become a contributing member of society.
- **Commit to participate in all nsoro Precollegiate Program sessions.**

APPLICATION INSTRUCTIONS

- Please complete the following form in neatly printed blue or black ink.
- Use the official application form or photocopy the form.
- Answer all questions. Confine your responses to the space provided.
- Check for correct grammar, spelling and punctuation.
- **Applications that are illegible will be disqualified.**

PERSONAL INFORMATION

1.) First name: _____ Last name: _____

Preferred name for nametag: _____

2.) Birth date: _____

3.) Address: _____

4.) Legal County: _____ County of Residence: _____

5.) Phone: _____ 2nd Phone: _____

6.) Email: _____ 2nd Email: _____

7.) Grade in fall 2011: _____ High School: _____

8.) T-shirt size: S M L XL

9.) Gender: M F

Postmark Deadline: May 1, 2011

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TRANSCRIPT

Attach a current transcript of your grades to this application. An unofficial one is acceptable.

RECOMMENDER FORM

This form (attached) must be completed by an instructor or advisor. Write your name in the name area at the top, and then give it to your recommender with at least two weeks to complete the form. Ask the recommender to return the Recommendation Form to you in a sealed envelope with his or her signature written across the seal. Leave it sealed, and submit the sealed recommender form with your application by the deadline. **You should pick a recommender who can address the following items:**

- a. Academic record, plans, and goals
- b. Personal strengths: including motivation, leadership, and commitment
- c. Community service and extracurricular activities

REQUIRED APPLICANT CERTIFICATION AND RELEASE OF INFORMATION

Application must read and sign below to be eligible:

- I certify that all information on this application is true and complete to the best of my knowledge.
- I certify that I meet all eligibility requirements as specified on this application.
- I hereby authorize UGA to share my application for the purpose of evaluation, recruitment, public relations, possible scholarship and internship opportunities, or any other related activity.
- I understand that I must notify UGA of any change in my address or contact information.

Applicant's name: _____

Signature: _____ Date: _____

Legal Guardian's name: _____

Signature: _____ Date: _____

APPLICATION CHECKLIST (All applications must include the following items)

- Application Transcript Recommender Form (in sealed, signed envelope)

Mail application package by postmark deadline **May 1, 2011** to:

2011 nsoro Precollegiate Program

Attn: David Meyers

Fanning Institute, University of Georgia

1240 South Lumpkin Street

Athens, Georgia 30602

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Recommendation Form

Applicant Name: _____

The person named above is applying to the nsoro Precollegiate Program at the University of Georgia. This evaluation and the applicant's essays are critical components of our decision. Please complete **both parts** of this form and return it signed to the student in a sealed envelope with your signature written across the seal. The student must submit all application materials by the postmark deadline: **May 1, 2011**

NOTE: If the recommender is initiating the application for a student, state why you think this student merits consideration for the nsoro Precollegiate Program.

PART 1: RECOMMENDER INFORMATION

1.) Name: _____ Professional Title: _____

2.) Institution/Company: _____

3.) Address: _____

4.) Phone: _____ 2nd Phone/Fax: _____

5.) Primary Email: _____

6.) How do you know the applicant? _____

7.) How long have you known him/her? <1 yr ≈1 yr <2 yrs 2± yrs

8.) How well do you know him/her? Casually Fairly Well Well Very Well

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PART 2: WRITTEN EVALUATION

In the space below or in an attached letter, please describe specific instances of abilities, skills, and attributes and include any limitations as well as strengths for the following areas:

- Academic habits (e.g., challenges oneself, manages time well, utilizes academic support networks)
- Leadership (e.g., ability to lead and motivate others)
- Motivation and long-term goal setting (e.g., sets realistic goals & develops strategies for completing these goals)
- Self awareness / self-concept (e.g., understanding of personal strengths and weaknesses)
- Community involvement (e.g., family, school, community, or extracurricular activities)

Recommender's Signature: _____ Date: _____

Postmark Deadline: May 1, 2011