

RISING PHOENIX

EARLY COLLEGE HIGH SCHOOL
PROGRAM APPLICATION



UNIVERSITY of WISCONSIN
GREEN BAY



RIISING PHOENIX EARLY COLLEGE HIGH SCHOOL

APPLICATION PROCESS & STEPS

To be considered for admission to the GEAR UP Rising Phoenix Early College High School Program, please complete all of the following application materials by the priority application deadline, **March 11, 2022**.

Materials:

1. Application with student and parent signatures ([p. 2-3](#))
 - a. Note: Education Specialist signature ([p. 4](#)) and page 5 verifications are not required at time of application. We will follow up to complete, if needed.
2. Essay questions ([p. 5](#))
3. Two teacher recommendation forms. One teacher must teach a core subject area: math, science, social studies, or language arts ([p. 6](#))
 - a. Please share the online [teacher recommendation form link](#) with your teachers.
 - b. Teachers can complete the form online by choosing Teacher Recommendation on our webpage at www.uwgb.edu/gear-up/rising-phoenix
4. Your school counselor will provide your high school transcript.

Once you have your materials completed you can either:

1. Drop off materials at your high school student services/school counseling office.
- OR**
2. Email materials to gearup@uwgb.edu

If you have any questions as you are working on your application materials, please:

Visit or contact your School Counselor

OR

Contact Adam Landenberger, GEAR UP Rising Phoenix Success Coach at gearup@uwgb.edu or 920-366-8598

Next steps after application submission:

An admissions review committee will be reviewing student applications after the March 11 deadline. Students will then be notified once decisions are made.



Wisconsin Department of Public Instruction
WISCONSIN EDUCATIONAL OPPORTUNITY PROGRAM (WEOP)
STUDENT ENROLLMENT APPLICATION
RISING PHOENIX
PI-1582 (New. 05-21)

PLEASE TYPE OR PRINT

I. STUDENT INFORMATION					
Student's First Name		Middle Initial	Last Name		Date of Birth Mo./Day/Yr. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone Area/No.	Cell Phone Area/No.	Personal E-Mail Address		Last 4 Digits of Social Security Number* To ensure safekeeping of the applicant's personal identifying information, we require that only the last four digits of the social security number be placed on this form. Upon receipt, a DPI-WEOP staff person will contact the applicant or parent/guardian by phone to obtain the student's remaining social security digits which are required for processing.	
Mailing Address Street		City	ZIP		
Grade Currently Attending <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Anticipated Year of Graduation			
Name of School Currently Attending		City and State School is Located		School Email Address	
Choose one <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		Choose One or More <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			Citizenship Choose one <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Neither
II. HOUSEHOLD INFORMATION					
First Parent's Last Name		First Name		Second Parent's Last Name First Name	
Phone Area/No.	E-Mail Address		Phone Area/No.	E-Mail Address	
Cell Phone Area/No.	First Parent Highest Level of Education <input type="checkbox"/> Less than high school <input type="checkbox"/> High school / GED <input type="checkbox"/> 2-year college <input type="checkbox"/> 4-year (Bachelor's degree) or beyond		Cell Phone Area/No.	Second Parent Highest Level of Education <input type="checkbox"/> Less than high school <input type="checkbox"/> High school / GED <input type="checkbox"/> 2-year college <input type="checkbox"/> 4-year (Bachelor's degree) or beyond	
Number of People in Your Household	What Language is Spoken at Your Home		Do You Have Any Siblings in Grades 6-12 <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, list their names		
III. INCOME VERIFICATION					
Do You Receive Lunch Assistance? Check one. <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Do not receive			Are You a Member of a GEAR UP, Talent Search or Upward Bound Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Collection of the Social Security Number and other personal information is for official purposes and will not be released without written permission from the applicant and their parent/legal guardian if a dependent.

V. RESPONSIBILITIES

DPI Education Specialist Responsibilities: As an authorized representative of the DPI WEOP program, I approve the above student's participation in any of the DPI WEOP programs and will be responsible for:

1. Conducting monthly college and career readiness meetings at my assigned target schools.
2. Meeting regularly with the student to discuss his/her college and career options.
3. Arranging enrichment programming such as college and career focused workshops, tutoring, mentoring, leadership activities, volunteer opportunities, career exploration, and college visits.
4. Advocating and providing academic and social support for the student when necessary.
5. Providing information and assistance on applying for scholarships, college admission, and financial aid that includes grants, loans, scholarships, and work study.
6. Monitoring the student's academic performance to assist the student to achieve his/her college potential.
7. Keeping parent(s)/guardian(s) apprised of the student's progress and parent activities.

Education Specialist Signature



Date Signed *Mo./Day/Yr.*

Student Responsibilities: As a member of the DPI WEOP program, I understand that I have been selected to be a part of this program because I have the potential to attend college. By participating in this program, I will have the opportunity to reach my educational and career goals. Therefore, I agree to take personal responsibility for my actions by:

1. Having a positive attitude, behaving appropriately, and meeting the program's expectations.
2. Attending the monthly DPI WEOP school year meetings, being on time, keeping my scheduled appointments and participating in support services that will help me prepare for my future.
3. Participating in at least 50 percent of the required DPI WEOP monthly school meetings. If I fail to participate in these meetings, I know that I will not be allowed to attend college visits or field trips.
4. Acknowledging that if I do not participate in the required monthly school meetings, I will be removed from the DPI WEOP program.
5. Informing my parent(s) or guardians of any DPI WEOP activities that requires their attendance.
6. Contacting my education specialist when I cannot make my commitments to the program.
7. Preparing for college by taking the right courses in middle and high school, maintaining good grades, graduating from high school, and applying for college admission and financial aid.
8. Notifying the DPI WEOP office if my address, phone, email address, school, and/or grade changes.

Student Signature



Date Signed *Mo./Day/Yr.*

Parent/Legal Guardian Responsibilities: I understand and agree that the goal of the DPI WEOP program is to assist my child achieve his/her college or career goals. I agree to:

1. Monitor my child's participation in the DPI WEOP University of Wisconsin-Green Bay (UWGB) Rising Phoenix program, drop off and pick up my child at the scheduled time, return forms in a timely fashion, and attend DPI WEOP activities when requested.
2. Communicate with the DPI WEOP education specialist and the UWGB Success Coach about my child's involvement in the program and his/her academic progress.
3. Approve the release of my son/daughter's academic records to DPI WEOP and UWGB for counseling and record keeping purposes for the duration that my child is a participant in a DPI WEOP program or until my child graduates whichever occurs first. These records include but are not limited to school transcripts, standardized test scores, class schedule, attendance records, free and reduced-price meal information, Free Application for Federal Student Aid (FAFSA®), Student Aid Report (SAR®), college financial aid award notification, and **any other records maintained by educational agencies for the purposes of accessing additional support provided by the secondary school district. I also approve the exchange of academic progress reports between the two institutions for the evaluation of progress.**
4. Allow DPI WEOP to take and use pictures, record videos, and/or name or quote my child in any news releases that are used for promotional purposes in brochures, advertisements, publicity, etc.

Parent/Legal Guardian Signature



Date Signed *Mo./Day/Yr.*

VI. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member

Verify that this student is eligible for Free or Reduced-Price School Meals and forward this application form to the WEOP Office where the student has applied for admission to a DPI Program.

Is this student eligible for Free or Reduced-Price School Meals? ☐ Yes ☐ No

I HAVE VERIFIED that this student is eligible for Free or Reduced-Price School Meals and I recommend this student for membership in the Department of Public Instruction's GEAR UP, Talent Search, or Upward Bound Program.

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature ➤		Date Signed <i>Mo./Day/Yr.</i>

VII. VERIFICATION OF PROGRAM ELIGIBILITY WEOP OFFICE USE ONLY

Talent Search Only: Based on the family's self-reported income, household size, and parent education levels (page one), the student is:

☐ FG only ☐ LI only ☐ Both FG and LI ☐ Neither FG or LI

GEAR UP Only: Based on the family's self-reported income, household size, and parent education levels (page one), the student is:

☐ FG only ☐ LI only ☐ Both FG and LI ☐ Neither FG or LI

EIP Only: I have verified, by using WISEdash, that the student <input type="checkbox"/> is reported as economically disadvantaged. <input type="checkbox"/> is NOT reported as economically disadvantaged.	Student WSN	Date Confirmed <i>Mo./Day/Yr.</i>
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I approve the above-named student for participation in the following program:

☐ Federal Talent Search ☐ EIP ☐ GEAR UP ☐ GEAR UP and UW-Green Bay Rising Phoenix

WEOP Representative Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
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WEOP OFFICE LOCATIONS

City	Address	Phone / FAX
Ashland	620 Beaser Street Ashland WI 54806	P: (715) 682-7975 F: (715) 682-7960
Eau Claire	402 Graham Avenue, 2 nd Floor Eau Claire WI 54701	P: (715) 836-3171 F: (715) 836-5588
Green Bay	2140 Holmgren Way Green Bay, WI 54304	P: (920) 492-7185 F: (888) 333-2371
Milwaukee	101 W. Pleasant Street, Suite 110 Milwaukee WI 53212	P: (414) 220-6817 F: (414) 227-4462
Wausau	2600 Stewart Avenue, Suite 274 Wausau WI 54401	P: (715) 842-0871 F: (715) 845-8271

STUDENT APPLICATION: CONTINUED

Please respond to the three questions below in a separate document. Please spend some time with these as your submission allows us to assess your interest in the program as well as your writing ability. Your responses to these essay questions are very important, so please take your time and answer thoroughly. Your responses should be 2-4 pages double spaced total.

1. Why are you interested in participating in the Rising Phoenix Early College High School Program?
2. Describe a time when you overcame a challenge. Explain the situation and how you handled things. This could be a situation that occurred in school, at a job/volunteering, or with your family/friends.
3. As a Rising Phoenix student, you will take college-level coursework at your high school, online, and/or on campus. How will you utilize social and academic resources and support during your journey? Please be specific.

TEACHER RECOMMENDATION FORM

Students: Please have 2 different teachers complete a recommendation on your behalf. One teacher must be from a core subject area (math, science, social studies or language arts).

Teachers: Complete the online [Recommendation Form](#). To learn more about the program and to complete the recommendation form online, please visit www.uwgb.edu/gear-up/rising-phoenix.

Please submit by March 11, 2022.

Student's Name: _____

Teacher's Name: _____

High School: _____

In which grades and subjects did you teach this student?

Student Qualities	Rating 5 = excellent	Comments <i>Please take the time to complete detailed comments as this form will be looked at closely by the admissions review committee.</i>
Self-efficacy		
Engagement in school		
Social maturity		
Motivation & drive		
Quality of coursework		
Management of time		