



2016 UCLA CODE TO COLLEGE

Please review the participant criteria to ensure you are eligible for UCLA's CODE to College program prior to completing the application. Your completed application should be received by March 25, 2016.

APPLICANT CRITERIA

Applicants should:

- Be in the 8th grade, entering high school in Fall 2016
- Have an open case with the Department of Children and Family Services
- Be able to participate in all three days of the program, June 24, 2016 at 8:00am through June 26, 2016 at 2pm

APPLICATION CHECKLIST

- Student Application (with short answer)
- Adult Recommendation
- Caregiver Comments

SUBMIT YOUR COMPLETED APPLICATION

BY MAIL:

United Friends of Children
ATTN: Soleil Delgadillo, CODE
1055 Wilshire Blvd., Suite 1955
Los Angeles, CA 90017

BY FAX:

(213) 580-1820

BY EMAIL:

soleil@unitedfriends.org

APPLICATION PROCESS AND PROGRAM EXPECTATIONS

Once your completed application has been received, a selection committee will review all eligible candidates in order to select the top thirty students to participate in the UCLA's CODE to College. Selection will be based on a combination of: grades, activities, behavior, student written responses and adult recommendations. You will be notified by April 30, 2016, regarding your acceptance into the UCLA's CODE to College. If you are accepted, you will need to complete an additional enrollment form to attend the program.

For more information, please contact:

Simone Rahotep, Ph.D.

Phone: 310.206.3357

Email: connecting@saonet.ucla.edu



NEW STUDENT APPLICATION

CONTACT INFORMATION

STUDENT NAME DATE OF BIRTH

MAILING ADDRESS

PARENT/GUARDIAN NAME HOME TELEPHONE NUMBER

PARENT/GUARDIAN CELL PHONE NUMBER STUDENT CELL PHONE NUMBER

PARENT/GUARDIAN EMAIL ADDRESS STUDENT EMAIL ADDRESS

NAME OF SOCIAL WORKER SOCIAL WORKER PHONE NUMBER

DCFS UNITED FRIENDS OF THE CHILDREN OTHER _____

BACKGROUND INFORMATION

GENDER MALE FEMALE

ETHNICITY AFRICAN-AMERICAN AMERICAN INDIAN/NATIVE ALASKAN WHITE/CAUCASIAN PACIFIC ISLANDER
 FILIPINO/A CHICAN@/LATIN@/HISPANIC OTHER _____

PLACEMENT GROUP HOME RELATIVE FOSTER HOME ADOPTIVE HOME* RELATIVE LEGAL GUARDIANSHIP (Kin-GAP)
 NON-RELATIVE FOSTER HOME LIVING WITH PARENT* NON-RELATIVE LEGAL GUARDIANSHIP

**open case with DCFS/social worker*

SCHOOL INFORMATION

SCHOOL NAME CURRENT GRADE LEVEL

CLASS NAME (academic only) FALL SEMESTER FINAL GRADE

Please use your fall semester report card to complete this chart. Write out the name of the classes you took and the grades you received.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



HIGH SCHOOL INFORMATION

WHAT HIGH SCHOOL DO YOU PLAN TO ATTEND IN THE FALL?

EXTRACURRICULAR ACTIVITY INFORMATION

LIST ANY OTHER PROGRAMS AND EXTRACURRICULAR ACTIVITIES THAT YOU HAVE PARTICIPATED IN (I.E. SPORTS, CLUBS, BAND, VOLUNTEER GROUPS, STUDENT GOVERNMENT, ETC.)

NAME OF PROGRAM, CLUB OR ORGANIZATION	YOUR ROLE (POSITION)	DURING WHAT GRADE(S)?			HOURS PER WEEK	WEEKS PER YEAR
		6	7	8		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
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SHORT ANSWER QUESTION

Short Answer (50-75 words): Either in the space provided below or on a separate paper, please tell us about your academic and career goals and how you think the UCLA CODE to College will help you reach them.



2016 ADULT RECOMMENDATION

(Note: This section can be filled out by a teacher, counselor, social worker, mentor, pastor, attorney, etc.)

NAME OF STUDENT YOU ARE RECOMMENDING

TO THE RECOMMENDER

Thank you for taking the time to provide your thoughts on the student applying for the UCLA's CODE to College program. This is an intense 3-day residential summer program designed to provide educationally-disadvantaged students with information about college preparation, access to resources and exposure to UCLA students and campus life. Your candid insight will help us ensure the event is meaningful for those who attend. Your time and effort are appreciated.

ADULT RECOMMENDER'S NAME

RELATIONSHIP TO STUDENT

SCHOOL OR ORGANIZATION / TITLE

PHONE NUMBER

EMAIL

RECOMMENDATION

I recommend this student to attend the UCLA CODE to College program:

NOT
RECOMMENDED

RECOMMEND WITH
RESERVATIONS

ENTHUSIASTICALLY
RECOMMENDED

For academic potential

For character and personal promise

For ability to work well with others

Overall recommendation

PLEASE ANSWER THE FOLLOWING QUESTIONS

Why do you believe this student is a good candidate for the UCLA CODE to College program? What behaviors has this student demonstrated to you that show he/she will benefit from this opportunity?

Does the student have any behavioral issues that may be of concern? Please describe the issue and method of alleviation below:

Any additional comments/concerns:



2016 CAREGIVER COMMENTS

(Note: This section can be filled out by a teacher, counselor, social worker, mentor, pastor, attorney, etc.)

TO THE CAREGIVER

Dear Caregiver,

The CODE to College program is a great experience for all youth. Of course, we have high expectations of all of our participants. We expect them to follow all rules, be respectful to the staff and other participants, have positive attitudes, be ready to work and be on their best behavior throughout the weekend. They will be required to work in groups as well as sit in classroom environments listening to guest speakers.

Please tell us why you think it would be good for your scholar to come this summer. Also, please list any concerns you may have about your student's participation (i.e. behavior).

My signature below indicates my agreement that my scholar is a good fit for this program.

CAREGIVER'S NAME (PRINT)

CAREGIVER'S SIGNATURE



Aplicación de CODE to College 2016

Por favor, revise los criterios de candidatas para asegurarse de que son elegibles para el CODE to College antes de completar la aplicación. Su aplicación debe tener el sello postal del 25 de marzo de 2016.

CRITERIOS DE ELEGIBILIDAD

Candidatos deben:

- Estar en el 8º grado, entrando a la preparatoria en el otoño de 2016
- Tener un caso abierto con el DCFS
- Ser capaz de participar en los tres días del programa, 24 de junio 2016 a las 8:00am hasta 26 de junio 2016 a las 2pm

LISTA DE CONTROL PARA LA SOLICITUD

- Aplicación de Estudiante (con respuesta corta)
- Recomendación de Adulto
- Comentarios del cuidador

FAVOR DE ENVIAR LA APLICACION A:

POR CORREO:

United Friends of Children
ATTN: Soleil Delgadillo, CODE
1055 Wilshire Blvd., Suite 1955
Los Angeles, CA 90017

MANDAR POR FAX:

(213) 580-1820

CORREO ELECTRONICO:

soleil@unitedfriends.org

PROCESO DE APLICACION Y EXPECTATIVAS DEL PROGRAMA

En cuando se ha recibido su aplicación completa, un comité de selección revisará todos los candidatos a fin de seleccionar los mejores estudiantes de treinta a participar en el "CODE to College" de UCLA. La selección se basará en una combinación de: promedio de calificaciones, las respuestas escritas por estudiantes, comportamiento, y recomendación de adulto. Usted será notificado el 30 de abril de 2016, con respecto a su aceptación en el "CODE to College" de UCLA. Si usted es aceptado, usted necesitará llenar un formulario de inscripción adicional con el fin de participar en el programa.

Para más información, favor de comunicarse con:

Simone Rahotep, Ph.D.

Teléfono: 310.206.3357

Correo: connecting@saonet.ucla.edu



COMENTARIOS DEL CUIDADOR

Estimado(a) Cuidador(a),

El programa CODE to College es una gran experiencia para todos los jóvenes. Por supuesto, tenemos grandes expectativas de todos nuestros participantes. Nosotros esperamos que sigan todas las reglas, sean respetuosos con el personal y los demás participantes, tengan una actitud positiva, y que estén dispuestos a trabajar y mantener su mejor comportamiento durante todo el fin de semana. Ellos estarán trabajando en grupos, y de igual en una clase escuchando a los presentadores invitados. Por favor díganos de que manera usted piensa que le ayudará a su estudiante participar este verano. También, por favor explique cualquier duda que tenga acerca de la participación del estudiante (por ejemplo: de conducta).

Mi firma abajo indica mi acuerdo que el joven es un buen estudiante para este programa.

Nombre de Guardián (en molde):

Firma de Guardián: