



2009 CAP Application  
Due: April 17, 2009



**Student's Name**

\_\_\_\_\_  
Last First Middle

**Permanent Address**

\_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State ZIP

Date of Birth \_\_\_\_\_

Gender  male  female

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_

- U.S. Citizen
- Permanent Resident
- Non-Resident Alien

**American Racial/Ethnic Heritage**

*Please check the appropriate box and write in information as appropriate.*

- Black/African American (non-Hispanic)
- Asian American/Pacific Islander
  - Vietnamese, Cambodian, Laotian or Hmong
  - Pacific Islander
  - Other Asian American \_\_\_\_\_
- American Indian or Alaskan Native  
Tribe \_\_\_\_\_
- Hispanic/Latino
  - Chicano/Mexican American or Puerto Rican
  - Other: \_\_\_\_\_
- White (non-Hispanic)
- Biracial/Multiracial
  - Mother: \_\_\_\_\_ Father: \_\_\_\_\_

**Student's High School**

\_\_\_\_\_  
Name Street

\_\_\_\_\_  
City State ZIP School Phone

\_\_\_\_\_  
Principal's Name Counselor's Name

**Current Grade in High School**  9th  10th  11th

**School Hot Lunch Program:** Student is eligible for the free or reduced hot lunch program.  Yes  No

**School Transcript:** Student needs to submit a full school transcript. Is a transcript included with this application?  Yes  No

**Father/Guardian (circle one)**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

**Mother/Guardian (circle one)**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

**Contact person in case of emergency if parent/guardian cannot be reached:**

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Name Relationship Phone

**Applicant Agreement:** I will abide by the conditions and regulations of the University of Wisconsin-Madison and Academic Skills Development Workshop if I am selected to participate.

\_\_\_\_\_  
Date Signature of Student

**Student's T-Shirt Size**

Small  Medium  Large  X-Large  XX-Large

**Parent's Approval:** I am willing to have my son/daughter participate in the Academic Skills Development Workshop at the University of Wisconsin-Madison. If I (or my contact person) cannot be reached by telephone, I authorize emergency medical treatment for my child.

**I do**  **I do not**  grant permission for my child to be named, pictured or quoted in any news release and/or program promotional materials.

\_\_\_\_\_  
Date Signature of Parent/ Guardian