Wisconsin Department of Public Instruction

WISCONSIN EDUCATIONAL OPPORTUNITY PROGRAM (WEOP)

STUDENT ENROLLMENT APPLICATION

PI-1576 (Rev. 04-2020)

INSTRUCTIONS: Complete and return application to the DPI-WEOP location nearest you. Locations are listed on the last page of this application.

Incomplete applications and those missing signatures will not be accepted.

PLEASE TYPE OR PRINT

I. STUDENT INFORMATION

Student's *First Name*	*Middle Initial*	*Last Name*	Date of Birth *Mo./Day/Yr.*	Gender ☐ Male ☐ Female

Home Phone *Area/No.*	Cell Phone *Area/No.*	Personal E-Mail Address	Last 4 Digits of Social Security Number*
Mailing Address *Street*	*City*	*ZIP*	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.**
Grade Currently Attending ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	Anticipated Year of Graduation		
Name of School Currently Attending	City and State School is Located	School Email Address	

Choose one	Choose One or More	Citizenship *Choose one*
☐ Hispanic/Latino ☐ Not Hispanic/Latino	☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White	☐ US Citizen ☐ Permanent Resident ☐ 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 ☐ Less than high school ☐ High school / GED ☐ 2-year college ☐ 4-year (Bachelor's degree) or beyond	Cell Phone *Area/No.*	Second Parent Highest Level of Education ☐ Less than high school ☐ High school / GED ☐ 2-year college ☐ 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 ☐ No ☐ Yes *If yes, list their names*

III. INCOME VERIFICATION

Do You Receive Lunch Assistance *Check One.*	Are You a Member of a GEAR UP, Talent Search or Upward Bound Program
☐ Free ☐ Reduced ☐ Do not receive	☐ Yes ☐ No

If you checked Reduced or Do not receive, also complete Family Taxable Income Verification below. As a federally funded free program for students, Educational Talent Search is required to verify income levels. Family Taxable Income Verification: Check the income range that reflects the taxable income reported on your family's Income Tax Return for the most recent year. Check an income range even if you were not required to file. See appendix for further information.

☐ $0 to $19,140	☐ $19,141 to $25,860	☐ $25,861 to $32,580	If taxable income is greater than $66,180, write that dollar amount below.
☐ $32,581 to $39,300	☐ $39,301 to $46,020	☐ $46,021 to $52,740	
☐ $52,741 to $59,460	☐ $59,461 to $66,180	☐ Greater than $66,180	

*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.

IV. LETTER OF RECOMMENDATION
Optional, but highly recommended

I have attached the recommendation form(s) ☐ Yes ☐ No

Priority will be given to students who submit the recommendation form(s) from a teacher, counselor, or coach.

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 which 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 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 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 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.
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 *Mo./Day/Yr.*
➢	

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 ☐ is reported as economically disadvantaged. ☐ is NOT reported as economically disadvantaged.	Student WSN	Date Confirmed *Mo./Day/Yr.*

I approve the above-named student for participation in the following program:

☐ Federal Talent Search ☐ EIP ☐ GEAR UP

WEOP Representative Signature	Date Signed *Mo./Day/Yr.*
➢	

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, 2nd 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