**Application Instructions:** Please type or print all information requested in this application. Return **ALL pages** of the completed form, along with:

- Academic records
  - A copy of your FINAL middle school transcript.
  - A copy of your 1st semester 9th grade report card.
- If your attendance record is not on your grade academic records, please include it separately.
- Your personal statement (see p. 4), typed or neatly printed, in English.
- A letter of recommendation from a parent or guardian, typed or neatly printed, in any language.
- A letter of recommendation from a teacher or guidance counselor who knows you well.
- The ITA recommendation cover sheet form submitted by the SAME teacher or counselor who wrote your letter, either faxed directly to us or given to you in a sealed envelope.

**ITA Tribal Technology Institute**  
c/o Christopher Kilgour  
1210 W. Dayton St., Room 3218  
Madison, WI 53706  
Fax: (608) 265-6453

**DEADLINE:** Applications must be **RECEIVED** by 4:00 p.m. on February 19th.

**ABOUT ITA**

In alignment with the UW-Madison’s 2014 Diversity Framework, the Information Technology Academy (ITA) is an innovative pre-college initiative for diverse students in the state of Wisconsin. With programs in Madison, Lac du Flambeau, and Oneida, WI, ITA’s goal is to increase the enrollment rates of diverse students at the University of Wisconsin-Madison.

All selected students receive intensive training for high-tech, IT-related careers, as well as thorough preparation for competitive university admissions. Students build knowledge and skills through hands-on training, mentoring, leadership development, community service, academic seminars, outreach events, portfolio development, and internship opportunities. The IT Academy is the only comprehensive IT outreach program in the state of Wisconsin. See our website for more information: [http://ita.wisc.edu](http://ita.wisc.edu)
INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:
Read instructions below. DO NOT MAIL YOUR APPLICATION TO THE DPI/WEOP OFFICE. This will only prolong the child from applying for the DPI Precollege Scholarship and it is based on a first-come first-serve through the college.

INSTRUCTIONS FOR COLLEGE USE ONLY:
Mail application to: Enter name and address of college or institution.
ITA Tribal Technology Institute
University of Wisconsin-Madison
1210 W. Dayton Street
Madison, WI 53706

College Applying To
UW-Madison

Program Name
ITA-TTI Oneida

You may receive a maximum of three DPI Precollege Scholarships per year.

STUDENT / PARENT INSTRUCTIONS: Student must be eligible for Free or Reduced Price School Meals and, must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out Section I—Student Information completely. Parent/Guardian must sign in the space provided. Give this form to your principal, food services authorized representative at your school for completion of Section II. Once the signature is acquired through your middle or high school, mail it to the college that is coordinating for the precollege course your child is applying to attend.

When the college receives your application for the precollege course they will enter you into their program and mail the application to the DPI/WEOP personnel who will enter it into the DPI/WEOP database for Precollege Programs. Only then will the child be in our system for repayment for precollege courses to the colleges who are participating through the DPI/WEOP program.

I. STUDENT INFORMATION

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<th>First</th>
<th>Middle Initial</th>
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<tbody>
<tr>
<td>Name</td>
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<td>Last</td>
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<td>First</td>
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<tr>
<td>Middle Initial</td>
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<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>Date of Birth</th>
<th>Sex</th>
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<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
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</table>

Check only one (For Statistical Purposes)

- Hispanic or Latino
- Not Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian/Other Pacific Islander
- White

<table>
<thead>
<tr>
<th>Current Grade Level</th>
<th>Anticipated Year of High School Graduation</th>
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<tr>
<th>School Presently Attending</th>
<th>School District Name</th>
<th>College Program</th>
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<tr>
<td></td>
<td></td>
<td>ITA-TTI Oneida</td>
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</tbody>
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I HEREBY AUTHORIZE release of my child’s verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian

Date Signed Mo./Day/Yr.

II. 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 college or university where the student has applied for admission to a DPI Precollege 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 a DPI Precollege Scholarship.

Name of Authorized Representative

Title

Telephone Area/No.

Verification Signature

Date Signed Mo./Day/Yr.
ADDITIONAL APPLICANT INFORMATION

You MUST be a US Citizen or permanent resident to enroll in ITA. Please check one:

- I am a US Citizen.
- I am a permanent resident, and can show proof.
- Other: __________________________

Are you in the middle school PEOPLE Program?  
- YES  
- NO

Please answer both a and b. Check ALL that apply.

a. Are you Spanish/Hispanic/Latin@?

- No, not Spanish/Hispanic/Latin@
- Yes, Puerto Rican
- Yes, Mexican American, Chican@
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latin@: __________________________

b. With which race(s) and/or ethnic group(s) do you identify yourself? Please check ALL that apply.

- American Indian/Alaska Native – please specify principal tribe/reservation:
- Asian Indian
- Black or African American
- Cambodian
- Chinese
- Filipino
- Guamanian or Chamorro
- Hmong
- Japanese
- Korean
- Laotian
- Native Hawaiian
- Other Asian:
- Other race:
- Other: __________________________

Which of the following do you have? Check ALL that apply.

- A computer in my home that I share with other family members.
- A high-speed internet connection. (Cable modem, DSL, etc.)
- My own email address.
- My own web page.
- My own cell phone. (#____-____-______)
- My My computer.
- A dial-up internet connection.

High school you will be attending in the fall:

Do you currently have a mentor, either informally or formally assigned through another program?  
- YES  
- NO

Every newly admitted student receives an ITA t-shirt. Please select your size:

- S  
- M  
- L  
- XL  
- XXL

How did you hear about ITA?

- Presentation at my school or in my community by ITA staff
- School counselor or teacher
- ITA Website
- Local news source
- Friend/family member
- Tribal liaison or community member
- Other

PARENT & GUARDIAN INFORMATION

First Parent/Guardian Name:

Relationship to Student:

Street Address:

City: __________________________  State: ________  Zip: __________

Home Phone: (____)  Cell Phone: (____)  Work Phone: (____)

Email Address:

Occupation: __________________________  Employer: __________________________

Second Parent/Guardian Name:

Relationship to Student:

Street Address:

City: __________________________  State: ________  Zip: __________

Home Phone: (____)  Cell Phone: (____)  Work Phone: (____)

Email Address:

Occupation: __________________________  Employer: __________________________

EMERGENCY CONTACT INFORMATION (other than parent/guardian)

Name: __________________________  Relationship to Student:

Primary Phone: (____)  Secondary Phone: (____)
APPLICANT AGREEMENT
I have read the ITA-TTI Applicant Information and understand the program requirements. I am ready to make the commitment and start down the path to success! **I certify that the information provided in my application is true and acknowledge that falsification may result in dismissal from the program and/or loss of scholarship eligibility.** I am willing to abide by the conditions and regulations of the University of Wisconsin-Madison and the Information Technology Academy (ITA) if I am selected to participate.

Date __________________________ Signature of Student

PARENT/GUARDIAN APPROVAL
I agree to the release of my child's middle school and high school records, test scores, and verification of qualification for free and/or reduced lunch by his/her school district to the University of Wisconsin-Madison Information Technology Academy. If my child is selected, I agree to fully support his/her participation in the ITA Tribal Technology Institute for the duration of the program. **I certify that the information provided is true and acknowledge that falsification may result in dismissal from the program and/or loss of scholarship eligibility.**

Date __________________________ Signature of Parent/Guardian

PERSONAL STATEMENT
On a separate sheet of paper, please type or print neatly a personal statement (300 words or less) expressing the following: Why you would like to participate in the Information Technology Academy; your interest in learning more about technology; your academic and career interests and goals; and how you think ITA would benefit from having you as a participant. Your personal statement MUST be written in English.

PARENT LETTER
Include a letter of recommendation from a parent or guardian, in any language. If the letter is dictated to someone else, please include his/her name and contact information. The letter should demonstrate understanding of what the ITA program is. Please include reasons why you would like your child to participate and list ways you will support their participation. This needs to be more than just permission.

RECOMMENDATION FROM TEACHER or GUIDANCE COUNSELOR
Include a letter of recommendation from a teacher or guidance counselor who knows you well and who can discuss your goals, your level of motivation, your attitude, and your academic support needs. This letter should ideally make the student stand out from the rest of the applicant pool, and should not be a form letter. This person should also submit the ITA Recommendation Letter Cover Sheet form in a confidential manner. It can be faxed to ITA directly at 608-265-6453 or given to the student in a sealed envelope to submit with the rest of the application materials. This form can be downloaded from our website at [http://ita.wisc.edu/apply.php](http://ita.wisc.edu/apply.php)

GRADE REPORTS
See page 1 of this application for the complete list of academic reports you need to submit with your application.
IN ADDITION to a formal letter of recommendation, please evaluate the student in relation to his or her peers. If you have no basis for judgment, please do not hesitate to say so.

Exceptional = Top 20% of all students I have ever taught; Above Average = Top 40%; Average = Top 60%; Below Average = Lower 40%.

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<thead>
<tr>
<th>Academic potential</th>
<th>Exceptional</th>
<th>Above average</th>
<th>Average</th>
<th>Below average</th>
<th>No basis for judgment</th>
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<td>Intellectual curiosity</td>
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<td>Ability to follow through to complete a task/project</td>
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<td>Ability to work independently</td>
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<td>Ability to work in a group</td>
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<td>Respectfulness toward adults</td>
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<tr>
<td>Respectfulness toward peers</td>
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<td>Acceptance of feedback</td>
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<td>Organization</td>
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<td>Participates Constructively</td>
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<td>Responsibility</td>
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<td>Overall evaluation of student</td>
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If the student is particularly weak or strong in any of the area listed above, please elaborate in your letter of recommendation. In your letter, please also comment on any additional information that will give us a more complete picture of the student. Thank you for taking the time to complete this evaluation. Your reflections are an important part of this student’s application to the Information Technology Academy. Please fax this form directly to 608-265-6453, or give to student in a sealed envelope for submission with the rest of his/her materials in a confidential manner. This document will not be shared with the student or family.

Evaluator Name (Please print clearly. Must be the same person who wrote letter of recommendation.)

______________________________
Signature

______________________________
Date

______________________________
Title

______________________________
School

______________________________
Email Address

______________________________
Phone #