Pitzer’s Native Summer Pipeline to College
In Association with Western University of Health Sciences

July 28 - August 11, 2013

Complete Application Packet Includes

☐ Student Application

☐ Parent Information

☐ Personal and Professional Goals

☐ Parent Consent Form

☐ Medical Consent and Health History

☐ Copy of Student’s Medical Insurance Card

☐ Program Policies and Procedures

☐ Official High School Transcripts

Attention: Scott Scoggins
Pitzer College
1050 North Mills,
Claremont, CA 91710

OR
Fax: 909.607.8758

Applications are due March 29th, 2013

Applications will not be processed until ALL information has been received. Late applications will not be considered. Incomplete applications will not be accepted.

Questions? Contact Scott Scoggins at 909.706.5948 or scott_scoggins@pitzer.edu or Sscoggins@westernu.edu

* Permission for offices and individuals to copy blank document
# STUDENT APPLICATION

**STUDENT (APPLICANT) COMPLETES THIS SECTION**

Please print or type. Do not leave any blanks. Enter N/A if not applicable. Blank spaces will cause your application to be incomplete and denied.

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<th>Last Name</th>
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**Applicant Cell Phone**

**Mailing Address**

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**Home Phone**

**Email Address**

**Shirt Size:**

- [ ] Small
- [ ] Medium
- [ ] Large
- [ ] X-Large
- [ ] 2X-Large

**School Information**

Grade Level Entering in Fall:

- [ ] 10th
- [ ] 11th
- [ ] 12th

**School**

**School Mailing Address**

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*Please provide a copy of official high school transcripts with your application*

**Optional Information**

The following questions are optional. The information you provide will be kept confidential and will be used for administrative purposes only.

How did you hear about us?

**Are you an enrolled member of a tribe?**

- [ ] Yes
- [ ] No

**Tribal affiliation:**

Primary language spoken in your home

Secondary language spoken in your home

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# Pitzer’s Native Summer Pipeline to College

## In Association with Western University of Health Sciences

### July 28 - August 11, 2013

## PARENT(S) INFORMATION

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### Mother

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PERSONAL AND PROFESSIONAL GOALS

Do you plan to complete high school? □ Yes □ No
Are you planning to enter into vocation after high school? □ Yes □ No
Are you planning to attend college? □ Yes □ No

If “yes” do you plan to:
☐ Attend a 4 year college
☐ Attend a 2 year college
☐ Other

If “no” do you plan to:
☐ Work
☐ Military Service
☐ Other

What do you hope to study in college? What subjects are interesting to you?
________________________________________________________________________________________________________________________
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What type of extracurricular activities do you participate in either at school or outside of school? (sports, clubs, band, volunteer organizations, church groups, etc.)
________________________________________________________________________________________________________________________
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What are the biggest barriers that could prevent you from attending college? (i.e. money, grades, SAT/ACT scores, etc.)
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How do you feel about participating in a human cadaver anatomy lab? Do you have any concerns about seeing a dissected human cadaver?
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Do you feel that you are socially and emotionally prepared for the Pipeline? What are you concerned about?


Do you feel that you are academically prepared for the Pipeline? What are you concerned about?


The Pipeline is designed to be a model college experience in which students are encouraged to confront any issues, personal or otherwise, with the resources available at the pipeline, i.e. staff, and fellow students instead of parents and family. Do you feel comfortable with these expectations? Do you anticipate any difficulties with them?


If you could create a program for the Pipeline, what would it look like?


If you could have dinner with any 3 people, dead or alive, who would they be and why?


If you were to write a book about your life, what would it be titled, and why?


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What interests you about the Native Pipeline to College? Why do you want to come? What do you hope to gain from it and what can you offer?
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PARENTAL CONSENT

I hereby give permission for my son/daughter to attend Pitzer’s Native Summer Pipeline to College July 24 – August 11, 2011. I understand room and board will be provided at an on-campus dormitory and educational mentor/tutors will serve as chaperones 24-hours per day in the program’s dormitories and during all daily activities. My son/daughter is required to comply with Pitzer College rules and regulations, as well as all Federal, State and Local laws and regulations.

I understand that my child will participate in on and off-campus activities. I further understand that Pitzer’s Native Pipeline to College will provide security and will supervise all off-campus planned activities. Pitzer’s Native Pipeline to College will not be responsible for any accidents, injuries or other misfortunes, which may occur as a result of a participant's violation of Pitzer's rules, regulations or policies or Federal, State and Local laws.

If the student decides to leave the Program voluntarily before the advertised end date, Pitzer's Native Pipeline to College will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after he/she leaves Pitzer College. All emergency leave expenses will be at the expense of the student and/or parent. Pitzer's Native Pipeline to College reserves the right to terminate the enrollment of a student at any time due to a violation of any rule, regulation or policy established by Pitzer College.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from one’s own actions, as well as the actions or inactions of others, or a combination. I understand certain rules and regulations are designed for the safety and protection of participants and the Pipeline to College employees and I hereby agree to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health, including physical, mental, and emotional wellness, and that each person has a different capacity for participating in these activities. Pitzer's Native Pipeline to College will not be liable for any personal injury or loss of personal property in any way resulting from my child's voluntary participation in these activities. Having fully read and understood this parental permission form and informed consent agreement in its entirety, I hereby consent to participation and declare that all information provided in this application packet to be true and accurate.

I give permission to Pitzer’s Pipeline to College to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes.

Print Participant's Name  Participant's Signature  Date

Print Parent/Legal Guardian's Name  Parent/Legal Guardian's Signature  Date

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Pitzer’s Native Summer Pipeline to College  
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PARENTAL CONSENT FORM — PITZER COLLEGE  

A medical provider will need this form before treating a minor’s illness or injury. It should accompany the student when seeking medical treatment. Please provide a copy of your child’s medical insurance card with the application.  

Name of Student: ________________________________________  
Date of Birth: ____________________________________________  
Name of Parent or Legal Guardian: ___________________________________________________________________________  

Address: _________________________________________________________________________________________________  

Home Phone: __________________________________ Business Phone: ____________________________________________  

Emergency Contact: __________________________________ Phone: ________________________________________________  

If the student has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g. epilepsy, allergies, asthma, disability, anxiety, depression, etc.). Use reverse side if necessary.  

_________________________________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________________________________  

Have you had any major illness during the past year? ________ If so, please explain:  

_________________________________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________________________________  

Date of last tetanus injection: _____________________________ Do you wear glasses or contacts? ____________________________  

Please list ALL prescription and over-the-counter medications (with dosages) student will take during the program:  

_________________________________________________________________________________________________________________________________________________________  
_________________________________________________________________________________________________________________________________________________________  

Allergies to medications, food, etc.: _________________________________________________________________________  

List any special dietary needs: ____________________________________________________________________________  

Primary care physician’s name: ____________________________________________________________________________  

Address: ______________________________________________________________________________________________  

Home Phone: ___________________________  

PARENT OR GUARDIAN AND WITNESS READ AND SIGN: I hereby certify that to the best of my knowledge the above medical statement is accurate. I give my consent to Pitzer College or medical personnel at another institution to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.  

Parent/Guardian: __________________________________ Date: ___________________________  

Witness: __________________________________ Date: ___________________________  

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PROGRAM POLICIES AND PROCEDURES

Parent/Legal Guardian
By signing my initials for each of the following, I _______________________________________________ as the parent/legal guardian of a Pitzer’s Native Pipeline to College participant, agree that my child will abide by the following regulations and understand the consequences if program policies, regulations and/or procedures are not strictly adhered to. All items must be initialized in the space provided to have my child’s application considered for Pitzer’s Native Pipeline to College.

Participant
By signing my initials for each of the following, I _______________________________________________ as a student and participant of Pitzer’s Native Pipeline to College, agree to the following regulations and understand the consequences if program policies, regulations and/or procedures are not strictly adhered to. All items must be initialized in the space provided to have my application considered for Pitzer’s Native Pipeline to College.

Disciplinary Procedures
1. Every Native to Pipeline to College and Agency staff member will have the authority and responsibility to report violations of rules, policies and regulations.
2. These reports will be submitted daily to the Pipeline coordinator in written form on a “Staff Report form”.

1. Commit to completing the entire Pipeline to College program.
2. Adapt to and learn from a college environment and attend all scheduled classes.
3. Comply with Pitzer College and dormitory/residency hall rules, as well as Federal, State and Local laws and regulations and not infringe on the rights of others.
4. Dress professionally when attending work, class or other related activities.
5. Attend all classes on time.
6. Attend all Native Pipeline to College sponsored trips, recreational activities and planned outings.
7. Meet with Native Pipeline to College Educational Life Director Mentor, advisors, and facilitators as scheduled.
8. Refrain from using alcoholic beverages and smoking at ALL times.
9. Refrain from using narcotics unless prescribed by a medical doctor and written notification of required use is given to the Native Pipeline coordinator.
10. I understand that I will not be allowed in any non-departmental vehicle.
11. Keep dorm room and personal belongings neat and orderly.
12. Students are responsible for the payment of repairs or replacement of property damaged by the student.
13. I understand that I will only be allowed to go home in case of a family emergency or with a parent and their consent.
14. Parent/legal guardian will be notified if a student is to be withdrawn from the program. Pitzer College is not responsible for a student after termination from the Program.
15. Visit from parents/legal guardians is allowed on weekends with notification to Pipeline coordinator. Visitation is strongly discouraged.
16. Access to Residence Hall Floors: Males are not allowed in the female wing areas and females are not allowed in the male wing areas. This rule applies to participants. Non-Pipeline participants/staff are not allowed on any floors of the dormitory at any time.
17. Weapons: Use or possession of weapons is prohibited.
18. Pets are not allowed.
19. Room inspections: To ensure the safety and welfare of participants and to facilitate the smooth operation of the Pipeline to College, a Life Mentor Tutor, advisor or facilitator may conduct a room inspection at appropriate times.
20. Keys and Meal Card: Each participant will be issued a key for his/her room and a meal card. A fee of $150.00 will be charged for a lost key or meal card.
21. Participants will not be allowed to bring the following items to the Pipeline to College: vehicle, skateboards, or pagers.
22. Supplementary Rules: The College Prep Coordinator or Director of CEOP have the authority to issue supplementary rules as the need arises. Such rules will be responsible and fair, and their rationale will be explained to the participants.

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