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Center for African American Policy
Mary Reed Building 107
2199 S. University Boulevard
Denver, CO 80208
303.871.4195//303.871-3066 (FAX)
www.du.edu/caap

SUMMER COLLEGE WORKSHOP

Advantage Point...

Making Informed Choices For Your Educational Future

FRIDAY, JULY 31, 2009 – SUNDAY, AUGUST 2, 2009

APPLICATION FEE: \$60.00

Please write legible

GENERAL INFORMATION

FEMALE

MALE

Name: _____
Last First Middle

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Cell Phone: () _____

EMAIL: _____

Birth date: _____/_____/_____
Month Date Year

FAMILY INFORMATION

(Select appropriate title)

Father

Mother

Guardian

Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

ACADEMIC INFORMATION

This section needs to be completed by a teacher/counselor or parent:

Name of person completing this section: _____
Print full name/Title

What is the student's GPA: _____.

How do you believe this student would benefit from attending the

workshop? _____

This section needs to be completed by student candidate:

1. List the high school you are currently attending: _____

(If you will be going to high school in August of '09, please list the school you will be attending:

Grade Level: '09-'10 school year: _____

(Please answer the essay questions in paragraph format. If you need additional space, please attach another sheet to this application and clearly number the questions)

2. Why would you like to attend the Summer College Workshop?

3. Discuss an issue of personal, local, national or international concern and its importance to you.

4. How would you describe yourself as a human being? What quality do you like best in yourself and what do you like least?

5. Indicate a person who has had a significant influence on you and describe that influence. _____

6. List three colleges or universities you are interested in attending:

A. _____ B. _____
C. _____

7. What will be your major(s)?

RECOMMENDATIONS

(Attach a separate sheet of paper)

Two letters of recommendation are required with this application. *(Information concerning the student's character, relative maturity, and independence would be most helpful. We are also interested in special circumstances or unusual events that may have had an effect on this student's academic performance.)*

Mail the completed application with a non-refundable registration fee of \$60.00 to:

Center for African American Policy/University of Denver
Mary Reed Building, Room 107
2199 South University Boulevard
Denver, CO 80208-4195
Attention: Veronica O. White, Project Manager

DEADLINE TO SUBMIT APPLICATION AND REGISTRATION FEE IS: June 19, 2009

Revised February 2, 2009