

UCLA Early Academic Outreach Program
EAOP Parent Ambassador Summer Program
August 21 & 22, 2010

Application Form

Demographic Information (please print)

Name: _____
Last First M.I.

Address: _____, CA _____
Street City Zip Code

Phone Number (_____) _____ Alternate Phone (_____) _____

Email Address: _____

Grade Level of Child(ren) in Fall 2010:

____ Elementary ____ Middle School ____ 9th ____ 10th ____ 11th ____ 12th ____ College

Names of the schools your child(ren) are attending including elementary, middle and high schools:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Check this box if you **have no students/children** attending an elementary, middle or high school.

.....
Your Gender: ____ Male ____ Female

Your Ethnicity:

____ African-American/Black ____ American Indian ____ Asian-American ____ Chicano-a/Mexican-American

____ Latino-a ____ Pacific Islander ____ Pilipino-a ____ White/Caucasian

Other: _____

Please check the program that your son/daughter is a member of:

____ EAOP ____ Urban League ____ Upward Bound

____ MESA ____ Village Nation ____ Talent Search/VOA

____ UCLA Urban Collaborative ____ GEAR-Up, school _____

(circle one: AVAAS, CAAP, King-Drew, YBS)

____ Other (please specify) _____

Please check all that apply to you.

____ I volunteer at my child(ren)'s school on a regular basis.

____ I am involved in outreach/education work in my community, church or other non-profit agency.

____ I have used the Parent Center in my child's school.

____ I hold a parent officer position in my child's school or district. Position: _____

____ I am involved in the school governance.

