

University of California, Irvine 2009 Summer Program

American Indian Summer Institute in Computer Sciences: Saturday, June 27 - Sunday, July 12

Academic experience in a college setting: Students will be staying at the UCI dormitories. During the day, students will participate in computer science course and interactive presentations throughout UC, Irvine. In the afternoons, they will engage in cultural workshops and activities as well as field trips and social events. The program will end with a symposium where students will present their work as well as a closing ceremony with awards for outstanding students.

AISICS is a two-week residential summer program where students will work with professors, college students, and invited American Indian community members to develop interactive story projects that combine computer game technology with traditional American Indian culture. At AISICS, students will learn about computer science and technology fields and they will be introduced to a university environment. In the Communication Skills segment of the program, students will write down traditional stories, create videos to post on YouTube, give short presentations to other students, and complete a college application form.

All students in the program will receive follow-up mentorship by UCI staff and students throughout their remaining years of high school, which will include guidance in choosing their coursework, financial aid, and applying to a university.

ELIGIBILITY

Participants must satisfy the following criteria:

- (1) have the desire to contribute to the American Indian community at large,
- (2) plan to enroll in an institution of higher education,
- (3) be a currently enrolled high school student *entering* 9th - 12th grade,
- (4) be on track to complete or have completed Algebra I by the end of their 10th grade year, and
- (5) have an overall GPA of 2.5 or above.

No cost to you! The Summer Program will cover most expenses during the week. These include: housing, daily meals, course books, school supplies, and transportation during program activities. (Note: *Participants are responsible for transportation to and from UCI. Transportation scholarships are available.*)

Transportation Scholarships are available for \$100-\$600. Please note that you will be reimbursed at the END of the program. You or your parents must arrange for your transportation to and from the program ahead of time. If you apply for the scholarship, you may be contacted for an interview.

APPLICATION PROCEDURES

1. The completed application form
2. Submit your current academic transcript
3. Submit one recommendation form completed by a teacher, advisor, or counselor (recommendation form attached).
4. Write a one page personal statement telling us your reasons for wanting to participate in the program(s). If your GPA or courses do not meet the requirements, you should discuss this in your essay.
5. **OPTIONAL:** If applying for a transportation scholarship, include an essay describing the financial hardships in your life (maximum 1 page). You may be contacted for an interview.

Mail, fax, or email application to:

UCI American Indian Resource Program
Center for Educational Partnerships
5171 California Ave., Suite 150
Irvine, CA 92697-2505

(949) 824-0291
Fax (949) 824-8219
yleon@uci.edu
www.airp.uci.edu



APPLICATION FORM

We welcome your application to the UCI American Indian Summer Program. If you have any questions about the program or this application, please contact Yolanda Leon (949) 824-0291 or Nikishna Polequaptewa (949) 824-6251. You may send the application by regular mail, fax (949) 824-8219, or email yleon@uci.edu. Address to:

**UCI American Indian Summer Programs
Center for Educational Partnerships
5171 California Ave., Suite 150
Irvine, CA 92697-2505**

Last Name	First Name	Middle Name	
Address: Number/Street			
City/State			Zip
Primary Phone #	E-mail	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tribal Affiliation(s):		<u>Emergency Contact</u> Name:	
Cumulative GPA:	Graduation Year: <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013	Relationship: Phone Number:	

Mailing Address (If different from home): Number/Street	
City/State	Zip

1) Please list any academic achievements, honors, scholarships and memberships in academic honor societies or student groups:

2) Please list all high schools/colleges attended, starting with your current school.

<u>School Name</u>	<u>City/Town, State</u>	<u>Dates attended</u>	<u>Grade Level</u>
1.			
2.			
3.			

3) Do you have any disabilities, medications, or special needs which we can accommodate?

4) How did you learn about this program?

RECOMMENDATION FORM

FOR (student's name) _____

TO THE RECOMMENDER:

The American Indian Summer Program offers students an intensive academic experience to encourage higher education. We would appreciate your supplying the information requested below in order for us to better evaluate the student's application:

1. What is your relationship to the student (faculty, advisor, counselor)? _____

If faculty, what course? _____

2. How do you rate the student in terms of the following? **1**-Below average, **2**-Average, **3**-Good, **4**-Superior

Integrity / Honesty	1	2	3	4	Unknown
Responsibility	1	2	3	4	Unknown
Consideration/concern for others	1	2	3	4	Unknown
Overall ability	1	2	3	4	Unknown
Motivation	1	2	3	4	Unknown
Writing Ability	1	2	3	4	Unknown
Maturity	1	2	3	4	Unknown
Speech / Oral Communication	1	2	3	4	Unknown
Attentiveness / Listening	1	2	3	4	Unknown
Ability to reason	1	2	3	4	Unknown
Observant / Insightful	1	2	3	4	Unknown
Desire to learn	1	2	3	4	Unknown
Independence	1	2	3	4	Unknown
Originality / Creativity	1	2	3	4	Unknown
Potential	1	2	3	4	Unknown
Computer literacy	1	2	3	4	Unknown

3. Interest in and commitment to American Indian education; potential to contribute to the American Indian community at large:

4. What do you think is the greatest strength of this student?

5. Please feel free to include additional comments on a separate page, if necessary.

Recommender's signature _____

Recommender's name, telephone number and email (please print):

EMERGENCY TREATMENT AUTHORIZATION
(Participants under 18 years of age)

I understand that the American Indian Summer Program Staff will try to contact the parent or legal guardian identified in this application in the case of the Participant's illness or injury. In case of such illness or injury, and when, in the judgment of the staff, emergency medical attention is warranted, I authorize the staff to call paramedics. If deemed necessary, I give permission for my child to be taken by paramedics or ambulance to a hospital and for the medical staff there to take whatever action is necessary to meet the emergency. I understand that I am responsible for any charge(s) incurred.

Signature of parent or legal guardian _____ Date _____

Relationship to the Participant _____

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves:

The principal purpose for requesting the information on this form is to process your application to the UCI American Indian Summer Program. University policy authorizes maintenance of this information. Furnishing all information on this form is mandatory. Failure to provide such information will delay, or may even prevent completion of your registration. Information furnished on this form may be used by various University offices for registration and other academic-related purposes and will be transmitted to the state and federal governments if required by law. Individuals have the right to access this record as it pertains to them.

I/We have completed this application and verify that the information provided is true and accurate to the best of my/our knowledge. Further, I/we understand that admission to the American Indian Summer Program may be denied if any information is found to be incomplete or inaccurate.

Signature of Participant _____ Date _____

(If Participant is not yet 18)

Signature of parent/guardian _____ Date _____

STUDENT/PARENT RESPONSIBILITIES

It is the goal of the American Indian Summer Program to develop a community of learners (students, staff, and faculty) dedicated to educational pursuits and committed to their fellow learners. To achieve this goal, the Summer Programs have established the following policies in accordance with University policies and those promoted by programs across the country. Participating students agree to the following:

Students complete **all** classes, workshops, presentations and complete all assigned work to the best of their ability. Students are responsible for consulting with faculty, teaching assistants, tutors and mentors.

Students **respect others and their physical environment**. While freedom of expression is encouraged for all participants, any personal conflicts and issues not resolved by the concerned parties should be brought to the attention of the Director.

Students respect others and **contribute to the creation of an environment conducive to positive learning** throughout the entire program.

Participants (students, staff, and faculty) agree to abide by UCI policies:

The possession of weapons is strictly prohibited by the University of California and is cause for immediate dismissal from the Program.

A **no alcohol/no drugs** policy will prevail throughout the program. The sale, possession or use of alcohol or drugs is strictly prohibited and is grounds for immediate dismissal from the Program.

To benefit future American Indian Summer Program students, we require that all participants complete evaluations of their experience during and after the program.

Failure to follow any of the above will result in cancellation of Program support and services, **and/or dismissal from the program**.

Parents will be responsible for **all** transportation expenses as a result of early dismissal.

Parents are responsible for student pick-up on the **final day of the program**.

I have read and understand the above student responsibilities and agree to abide by them.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

APPLICATION CHECKLIST

- Application Form
- Recommendation Form
- Emergency Treatment Authorization
- Student Responsibilities
- Transcripts (may be unofficial)
- Personal Statement
- Transportation Scholarship Essay (optional)