



INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:

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 completely. Parent/Guardian must sign in the space provided. Give this form to your Principal, Food Services Authorized Representative or a DPI/WEOP Staff Member for completion of Section II. Students who are disruptive or sent home from a Precollege Program may forfeit the opportunity to participate in future programs.

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

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: Angie Scott
PRECOLLEGE SCHOLARSHIP PROGRAM
125 SOUTH WEBSTER STREET
P.O. BOX 7841
MADISON, WI 53707-7841

I. STUDENT INFORMATION

Name Last		First		Middle Initial	
Street Address			City	State	Zip
Date of Birth			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnic Category <i>Check only one (For Statistical Purposes)</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino					
Racial Categories <i>Check all that apply</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White					
Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				Anticipated Year of High School Graduation	
School Presently Attending			School District Name		

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
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II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member:

Please 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