

## **CollegeDayTours Program SPRING TOUR, 2009**

**APPLICATION DEADLINE: APRIL 1, 2009**

As part of Marin Education Fund's continued commitment to increase access to postsecondary education for the people of Marin County, we are pleased to offer the CollegeDayTours Program for high school students. The purpose of the CollegeDayTours Program is to provide students with the opportunity to explore college and university life by visiting bay area college campuses. The program also allows students to learn about admissions and financial aid while giving them a chance to interact with current college students and tour the campus.

**WHEN & WHERE**  
**Stanford University**  
**Wednesday, April 8, 2009**  
**8:00am – 2:30pm**

**WHO**  
We are looking for students who are **ALL** of the following:

- A Marin County high school student, grade 9-12
- From a family with low to moderate income
- Is first generation to attend college in the United States (meaning neither parent has earned a degree from a 4-year college in the U.S.)

**APPLICATION & SELECTION**  
High school students who meet the above criteria should submit an application by the deadline. All forms must be received completed; **incomplete applications will not be considered**. Applications will be reviewed in the order they are received. Marin Education Fund will contact all students who have been selected to participate in this CollegeDayTour by April 3, 2009.

**APPLICATION DEADLINE**  
Students must **complete** and **submit** the following:

- Application Form
- Parent/Guardian Consent/Release Form
- Teacher/School Permission Slip
- San Rafael High School Students Only:* Attendance Office Permission Slip

**FEE**  
NO FEE. Marin Education Fund will arrange for lunch and transportation to and from the college campus for all participating students.

### **ADDITIONAL INFORMATION & QUESTIONS**

**Submit completed applications to:**

**Attn: CollegeDayTours  
Marin Education Fund  
781 Lincoln Ave., Suite 140  
San Rafael, CA 94901  
Fax: (415) 459-0527**

**If you have any questions, please call (415) 451-4016 or e-mail [cfinney@marineducationfund.org](mailto:cfinney@marineducationfund.org)**

## CollegeDayTours Program APPLICATION FORM

**Application Deadline: Wednesday, April 1, 2009**  
*Incomplete applications will not be considered.*

**PART I-STUDENT INFORMATION**, to be completed by the student.

**Personal Information** (Please Print)

**Name:** \_\_\_\_\_  
First
middle initial
Last

**Mailing Address:** \_\_\_\_\_  
address
apt #
city
state
zip

**Home Phone:** (    ) \_\_\_\_\_ **Cell Phone:** (    ) \_\_\_\_\_

**High School:** \_\_\_\_\_ **Grad Date:** \_\_\_\_\_ **Gender:** Female Male

**E-mail address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/19\_\_\_\_

**Your Ethnicity** (used only for statistical purposes)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> African American/Black              | <input type="checkbox"/> Native American               | <input type="checkbox"/> Latino/Hispanic |
| <input type="checkbox"/> Asian American/Pacific Islander     | <input type="checkbox"/> White/Caucasian               |  |
| <input type="checkbox"/> Multiethnic (please specify): _____ | <input type="checkbox"/> Other (please specify): _____ |  |

**Primary Language Spoken at Home?** \_\_\_\_\_

**PART II-PARENT/GUARDIAN INFORMATION**, to be completed by the student's parent or guardian

**Parents' Highest Level of Formal Education in U.S. (Indicate one level for each parent)**

- | Parent 1  | Parent 2  |
|---|---|
| <input type="checkbox"/> No formal education        | <input type="checkbox"/> No formal education        |
| <input type="checkbox"/> No High School             | <input type="checkbox"/> No High School             |
| <input type="checkbox"/> Some High School           | <input type="checkbox"/> Some High School           |
| <input type="checkbox"/> High School Graduate       | <input type="checkbox"/> High School Graduate       |
| <input type="checkbox"/> Some College/University    | <input type="checkbox"/> Some College/University    |
| <input type="checkbox"/> Two-Year College Graduate  | <input type="checkbox"/> Two-Year College Graduate  |
| <input type="checkbox"/> Four-Year College Graduate | <input type="checkbox"/> Four-Year College Graduate |
| <input type="checkbox"/> Post Graduate Study        | <input type="checkbox"/> Post Graduate Study        |

**Financial Information** (Do not leave this question blank)

1) Total number of people in household (including applicant, parent/guardians(s), dependent children and other dependents): \_\_\_\_\_

2) Total annual household income for 2008? \$ \_\_\_\_\_



# CollegeDayTours

## PARENT/GUARDIAN CONSENT/RELEASE FORM

To be completed by a Parent/Guardian and submitted with the student application by April 1, 2009.

I, \_\_\_\_\_, do hereby give \_\_\_\_\_ permission to attend  
(parent/guardian name) (student's name)

a CollegeDayTours program sponsored by Marin Education Fund, a non-profit educational and charitable organization that provides access to educational and training opportunities for Marin County residents.

**DATE:** Wednesday, April 8, 2009  
**LOCATION:** Stanford University, Palo Alto CA  
**TIME:** 8:00am – 2:30pm

### TERMS OF PARTICIPATION

The undersigned:

1. Agree to release, indemnify, and hold harmless Marin Education Fund and its employees from damages, injury or death arising out of the above named student's participation in the risks of such program.
2. Certify that the student is physically fit and able to engage in this activity.
3. Agree that the student shall act in a responsible manner and follow all rules pertaining to this activity and understand that violation of the rules may result in student (s) being sent home at the parent/guardian's expense.
4. Agree to allow Marin Education Fund the use of photographs taken during the event for promotion and information regarding the above-mentioned activity.

### IN CASE OF EMERGENCY, PLEASE CALL:

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

### MEDICAL INFORMATION

My son/daughter has a medical history of \_\_\_\_\_ which may necessitate the following first aid/or medication: \_\_\_\_\_.

### MEDICAL RELEASE

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby  
(parent/guardian name) (student's name)

consent to the medical treatment considered necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above named student while attending this Marin Education Fund sponsored activity.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **CollegeDayTours**

### **PADRE/GUARDIÁN PERMISO/DESCARGO**

*Esta forma tiene que ser completada por un padre/ guardián y entregada a Marin Education Fund con la solicitud del estudiante antes del 1 de abril de 2009*

Yo, \_\_\_\_\_, por este acto le doy permiso a mi hijo/hija \_\_\_\_\_  
Nombre de Padre/Guardián Nombre de hijo/hija  
de asistir en un *CollegeDayTour* con Marin Education Fund, una organización educacional, no lucrativa, que provee acceso educacionales y oportunidades de entrenamiento a residentes del Condado de Marin.

**FECHA:** Miércoles, el 8 de abril de 2009

**LUGAR:** Stanford University, Palo Alto CA

**HORA:** 8:00am – 2:30pm

#### **TÉRMINOS DE PARTICIPACIÓN**

*Yo, el infrascrito:*

- 1. Acepto que Marin Education Fund y su personal no son responsables ni culpables por daños, heridas o muerte del estudiante nombrado, causado por su participación en el programa.*
- 2. Yo afirmo que el estudiante esta físicamente apto para participar en esta actividad.*
- 3. Acepto que el estudiante debería de actuar responsablemente y seguir todas las reglas correspondientes a este programa y entiendo que violación de las reglas puede resultar en suspensión del programa al costo del los padres/guardián.*
- 4. Acepto que Marin Education Fund use las fotografías y video tomadas durante el programa como promotor y información sobre el Curso de Verano*

#### **EN CASO DE UNA EMERGENCIA, LLAME:**

Nombre \_\_\_\_\_ Relación \_\_\_\_\_  
Número de teléfono (hogar) \_\_\_\_\_ Número de teléfono (trabajo) \_\_\_\_\_  
Nombre de médico \_\_\_\_\_ Número de teléfono \_\_\_\_\_

#### **INFORMACIÓN MÉDICA**

Mi hijo/hija tiene historia medica de \_\_\_\_\_, por lo cual tal vez necesitará las siguientes medicinas o requisitos de dieta \_\_\_\_\_.

#### **DESCARGO MÉDICO**

Yo, \_\_\_\_\_, el padre/guardián de \_\_\_\_\_ consiento al  
Nombre de Padre/Guardián Nombre de hijo/hija  
tratamiento médico consideraba necesario en el mejor juicio del médico que esta atendiendo en el evento de que ocurre una enfermedad o herida al estudiante nombrado arriba mientras que asiste a esta actividad proporcionado por Marin Education Fund.

**Firma de Padre/Guardián:** \_\_\_\_\_ **Fecha:** \_\_\_\_\_

## CollegeDayTours TEACHER/SCHOOL PERMISSION SLIP

**Please note: Check with your high school attendance office to see if any additional release forms are required. This form is to be completed by school personnel only.**

**DATE:**            **Wednesday, April 8, 2009**  
**LOCATION:**       **Stanford University, Palo Alto CA**  
**TIME:**           **8:00am – 2:30pm**

**Student's Name** \_\_\_\_\_

**High School** \_\_\_\_\_ **Grade** \_\_\_\_\_

Dear Teacher/Faculty:

The above student has applied to participate in Marin Education Fund's *CollegeDayTours* program on Wednesday, April 8, 2009. The *CollegeDayTours* program will be an all-day event and participating students will miss a full day of school. Please excuse the above student by signing your name in the space provided below. It is expected that each student will be responsible to make up any missing assignments. For more information, please call Marin Education Fund at (415) 459-4240 or email: [cfinney@marineducationfund.org](mailto:cfinney@marineducationfund.org). Thank you for your support of this Marin Education Fund program. **Deadline to return all forms: April 1, 2009.**

**Acknowledgment from teachers whose classes will be missed:**

PERIOD	TEACHER'S NAME	TEACHER'S SIGNATURE	COMMENTS
0			
1			
2			
3			
4			
5			
6			
7			

**CollegeDayTours**  
**ATTENDANCE OFFICE PERMISSION SLIP**  
*(FOR SAN RAFAEL HIGH SCHOOL STUDENTS ONLY)*

**For San Rafael High School students ONLY:** Students must also go to the Attendance Office and show them the “Parent/Guardian Consent/Release Form,” as well as obtain the signature of whoever is working in the Attendance Office. This is so that the school knows where the student is, if there is any need to know, and will ensure that the student will not be marked absent.

**DATE:** Wednesday, April 8, 2009  
**LOCATION:** Stanford University, Palo Alto CA  
**TIME:** 8:00am – 2:30pm

**Student’s Name** \_\_\_\_\_

**High School** \_\_\_\_\_ **Grade** \_\_\_\_\_

Dear Attendance Office:

The above student has applied to participate in Marin Education Fund’s *CollegeDayTours* program on Wednesday, April 8, 2009. The *CollegeDayTours* program will be an all-day event and participating students will miss a full day of school. Please acknowledge that you have seen the Parent/Guardian Consent/Release Form by signing your name in the space provided below. For more information, please call Marin Education Fund at (415) 459-4240 or email: [cfinney@marineducationfund.org](mailto:cfinney@marineducationfund.org). Thank you for your support of this Marin Education Fund program.

*Deadline to return all forms: April 1, 2009*

**Acknowledgment from Attendance Office:**

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_