

UC San Diego

ENLACE 2017 APPLICATION

The cost of the program is \$5,000. Scholarships may be provided to students based on financial need. Financial information will be requested from parents or guardians upon acceptance into the program. **Mark the following box if a scholarship for participation is requested .**

Student Information

First Name	
Last Name	
Email Address	
Mobile Phone	
Home Address	
Date of Birth	
Field of Study of Interest	
Current Enrollment	<input type="checkbox"/> High School <input type="checkbox"/> College
Name of School	

Parent or Guardian Information (signature only necessary for high school applicants)

First Name	
Last Name	
Mobile or Home Telephone	

To the student:

We expect that you will always conduct yourself with responsibility during the course of this program and that you will be responsive to the faculty with whom you will be working. Your continued participation in this program depends on satisfactory fulfillment of these requirements.

Signature of Student: _____ Date: _____

To the parents: (signature only necessary for high school applicants)

We recognize that you are entrusting your children to our care. We have faith in the faculty and administrators of the University of California, San Diego, in that they will take all necessary steps to safeguard your children from danger and harm. We expect your children will be protected from danger whether the danger is caused by intentional or negligent acts of others, whether the harm is verbal or physical. Nonetheless, all persons participating in this program shall be deemed to have waived all claims against the University of California, San Diego, its employees or affiliates, and the State of California for injury, accident, illness, or death occurring during the program.

Signature of Parent or Guardian: _____ Date: _____

Note: Acceptance into the program will require additional documentation. Details and documentation will be requested at a later date.