In association with Western University of Health Sciences

July 29 - August 12, 2012 Registration deadline May 18, 2012

Complete Application Packet Includes:

Student Application
Parent Information
Personal and Professional Goals
Parent Consent Form
Medical Consent and Health History
Copy of Student's Medical Insurance Card
Program Policies and Procedures
Official High School Transcripts

Attention: Scott Scoggins
Pitzer College
1050 North Mills
Claremont, CA 91711

or

Fax: 909.607.8758

Applications will not be processed until ALL information has been received. Late applications will not be considered. Incomplete applications will not be accepted.

Questions? Contact Scott Scoggins at scott_scoggins@pitzer.edu



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STUDENT APPLICATION

STUDENT (APPLICANT) COMPLETES THIS SECTION

Please print or type. **Do not leave any blanks**. Enter N/A if not applicable. Blank spaces will be considered incomplete and your application will be denied.

Last Name	First N	First Name		Middle Initial		Date of Birth
Applicant Cell Phone	_		Gender: 🗌 N	Vlale	Female	
Mailing Address		City		State		Zip Code
Home Phone			Email Addres	SS		
Shirt Size: Small	Medium	Large	X-Large	☐ 2X-L	arge	
School Information						
Grade Level Entering in	Fall: 10th 1	11th 12th				
School						
School Mailing Address		City		State		Zip Code
Please provide a copy	of official high so	chool transcript	s with your appli	cation.		
Optional Information						
The following questions purposes only.	are optional. The	information you	u provide will be	kept confide	ential and will b	e used for administrative
How did you hear about	us?					
Are you an enrolled member of a tribe?						
Primary language spoke	Primary language spoken in your home					
Secondary language spoken in your home						

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PARENT(S) INFORMATION

Please print or type. **Do not leave any blanks**. Enter N/A if not applicable. Blank spaces will be considered incomplete and your application will be denied.

Mother

Last Name	First Name		Middle Initial	
Mailing Address	City	State	Zip Code	
Home Phone	Cell Phone		Email Address	
Occupation				
Employer Name			Work Phone	
Father				
Last Name	First Name		Middle Initial	
Mailing Address	City	State	Zip Code	
Home Phone	Cell Phone		Email Address	
Occupation				
Employer Name			Work Phone	
Legal Guardians				
Last Name	First Name		Middle Initial	
Mailing Address	City	State	Zip Code	
Home Phone	Cell Phone		Email Address	
Occupation				
Employer Name			Work Phone	

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PERSONAL AND PROFESSIONAL GOALS

Do you plan to complete high s	chool?	Yes	☐ No			
Are you planning to attend colle	ege?	Yes	□No			
If "yes" do you plan to:	If "no" do you plan to	o:				
Attend a 4-year college	Work					
Attend a 2-year college	Serve in the milita	ary				
Other	Other					
What do you hope to study in c	college? What subjects	are interesti	ng to you?			
What type of extracurricular actorganizations, church groups, e	tivities do you participat etc.)	te in either a	at school or outsic	de of school? (sp	oorts, clubs, ba	nd, volunteer
What are the biggest barriers th	nat could prevent you fr	om attendin	g college? (i.e. m	oney, grades, S <i>i</i>	\T/ACT scores,	etc.)

How do you feel about participating in a animal or human cadaver anatomy lab? Do you have any concerns about dissecting animal cadavers? Do you have any concerns about seeing a human cadaver?
Do you feel that you are socially and emotionally prepared for the Pipeline? What are some of your concerns?
If you could have dinner with any 3 people, dead or alive, who would they be and why?
If you were to write a book about your life, what would it be titled and why?

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What interests you about the Native American Summer Pipeline to College? Why do you want to come? What do you hope to gain from it and what can you offer?

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PARENTAL CONSENT

I hereby give permission for my son/daughter to attend Pitzer's Native American Summer Pipeline to College July 29 - August 12, 2012. I understand that room and board will be provided at an on-campus dormitory and educational mentor/tutors will serve as chaperones 24-hours a day in the program's dormitories and during all daily activities. I understand that my son/daughter is required to comply with Pitzer College rules and regulations, as well as all Federal, State and Local laws and regulations.

I understand that my child will participate in on- and off-campus activities. I further understand that Pitzer's Native American Summer Pipeline to College will provide security and will supervise all off-campus planned activities. Pitzer's Native American Summer Pipeline to College will not be responsible for any accidents, injuries or other misfortunes which may occur as a result of a participant's violation of Pitzer's rules, regulations or policies or Federal, State and Local laws.

If the student decides to leave the program voluntarily before the advertised end date, Pitzer's Native American Summer Pipeline to College will release the student only into the custody of the parent/legal guardian and will not be responsible for the student after he/she leaves the College. All emergency leave expenses will be at the expense of the student and/or parent. The Native American Summer Pipeline to College reserves the right to terminate the enrollment of a student at any time due to a violation of any rule, regulation or policy established by Pitzer College.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from one's own actions, as well as the actions or inactions of others, or a combination thereof. I understand certain rules and regulations are designed for the safety and protection of participants and Pitzer's Native American Summer Pipeline to College employees and I hereby agree to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health, including physical, mental and emotional wellness and that each person has a different capacity for participating in these activities. The Native American Summer Pipeline to College will not be liable for any personal injury or loss of personal property in any way resulting from my child's voluntary participation in these activities. Having fully read and understood this parental permission form and informed consent agreement in its entirety, I hereby consent to participation and declare that all information provided in this application packet to be true and accurate.

I give permission to Pitzer's Native American Summer Pipeline to College to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes.

Print Participant's Name	Participant's Signature	Date
Print Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Date

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PARENTAL CONSENT FORM — PITZER COLLEGE

	your child's medical insurance card with the application.
Name of Student:	
Date of Birth:	
Name of Parent or Legal Guardian:	
Address:	
Home Phone:	Business Phone:
	Phone:
	quire special treatment it is imperative that a medical provider is alerted. Please indicate oblems that may require special attention (e.g. epilepsy, allergies, asthma, disability, necessary.
Have you had any major illness during the pa	ast year? If so, please explain:
Date of last tetanus injection:	Do you wear glasses or contacts?
	counter medications (with dosages) student will take during the program:
Allergies to medications, food, etc.:	
List any special dietary needs:	
	Office Phone:
PARENT OR GUARDIAN AND WITNESS REstatement is accurate. I give my consent to treatment they may deem necessary for the will be performed on my son/daughter/ward	AD AND SIGN: I hereby certify that to the best of my knowledge the above medical Pitzer College or medical personnel at another institution to provide whatever medical health and welfare of my son/daughter/ward. It is also understood that no major surgery without my further specific consent except in those cases of extreme urgency when the serious risk of life to my son/daughter/ward. I further realize that expenses for medical
Parent/Guardian:	Date:
Witness:	Date:

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Parent/Legal G	uardiar	3		,
By signing my in	itials fo	each of the following, I		_ as the parent/legal guardian
understand the d	consequ	an Summer Pipeline to College participant, agr rences if program policies, regulations and/or p rovided to have my child's application consider	rocedures are not strictly adh	hered to. All items must be
Participant				
By signing my ir		each of the following, I		as a student and participant of
		Summer Pipeline to College, agree to the follo		
		I/or procedures are not strictly adhered to. All or Pitzer's Native American Summer Pipeline to		ne space provided to have my
application cons		<u> </u>		
	1.	Commit to completing Pitzer's Native America Adapt to and learn from a college environmen		
	2.	Comply with Pitzer College dormitory/residen		
	٥.	regulations and not infringe on the rights of ot		ial, State and Local laws and
	4.	Dress professionally when attending work, cla		
	5.	Attend all classes on time.		
	6.	Attend all Pitzer's Native American Summer P planned outings.	peline to College sponsored	d trips, recreational activities and
	7.	Meet with Pitzer's Native American Summer F	ipeline to College Education	nal Life Director, mentor, advisors
		and facilitators as scheduled.		
	8.	Refrain from using alcoholic beverages and sr		
	9.	Refrain from using narcotics unless prescribed is given to the Native Pipeline coordinator.	I by a medical doctor and w	ritten notification of required use
		I understand that I will not be allowed in any n		
		Keep dorm room and personal belongings nea		
		Students are responsible for the payment of re		
	13.	I understand that I will only be allowed to go higiven consent.	ome in case of a family eme	rgency or with a parent who has
	14.	Visitation from parents/legal guardians is allow Visitation is strongly discouraged.	red on weekends with notific	cation to Pipeline coordinator.
	15.	Access to Residence Hall Floors: Males are no		
		allowed in the male wing areas. This rule appl		line participants/staff are not
		allowed on any floors of the dormitory at any		
		Weapons: Use or possession of weapons is p	ohibited.	
	I	Pets are not allowed.		for the state of t
	18.	Room inspections: To ensure the safety and w Pitzer's Native American Summer Pipeline to		
		a room inspection at appropriate times.	Jollege, a Life Meritor Tutor,	advisor or facilitator may conduct
	19	Keys and Meal Card: Each participant will be	ssued a key for his/her room	n and a meal card. Δ fee of
	13.	\$150.00 will be charged for a lost key or meal		Talla a fileal card. A fee of
	20.	Participants will not be allowed to bring the fo		ive American Summer Pipeline to
		College: vehicle, skateboards or pagers.	J	•
	21.	Supplementary Rules: Pitzer's Native America		
		to issue supplementary rules as the need arise will be explained to the participants.	s. Such rules will be respon	sible and fair and their rationale
Disciplinary Pro	ocedur	s Cummar Dinalina ta Callaga ataff magali anni	Il boyo the outle suite care and are	noncibility to report violations of
 Every Native / rules, policies 		n Summer Pipeline to College staff member wi	nave the authority and resp	considility to report violations of
		submitted daily to the Pipeline coordinator in v	ritten form on a "Staff Reno	art form "
L. THESE TEPULS	will be	Submitted daily to the ripeline coordinator in v	internorm on a Stan Nepol	TUIOIII.

Participant's Signature

Parent/Legal Guardian's Signature

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Print Participant's Name

Print Parent/Legal Guardian's Name

Date

Date