

# Young, Gifted and Black 2010

## "My Education, My Future"



University of Washington  
Office of Minority Affairs & Diversity

**W**e invite YOU to participate in our one-day program.  
Read below for qualifications.

**W**ho?

High School 9<sup>th</sup>, 10<sup>th</sup> and 11<sup>th</sup> grade students who have a 3.0 or higher cumulative GPA.

**W**hat?

YGB is a FREE conference for African American high school students who are interested in attending college. The purpose of the conference is to promote positive self-esteem, social consciousness, and cultural awareness, while simultaneously emphasizing the importance of higher education. YGB is a wonderful opportunity for high school students to experience the UW and discover what is awaiting them in college. We guarantee that this will be a rewarding and worthwhile experience.

**W**hen?

Saturday, May 22, 2010, 9:00 AM – 6:00 PM

**W**here?

The University of Washington - Seattle Campus

**W**hy?

**It's a new day!** We must become the change we want to see in the world. Don't let this moment pass you by. Your time is now, right now!

The 2010 YGB Conference theme is "**My Education, My Future**". The day will consist of various sessions that will motivate attendees to take responsibility of their future. The concept of this year's conference is summed up best by a quote from Malcolm X, "**Education is the passport to the future, for tomorrow belongs to the people who prepare for it today**". We will have various performances, interactive cultural workshops, profound community leaders, department representatives, high school preparation programs and more. During the conference you will attend engaging, thought-provoking and creative sessions, facilitated by UW students, alumni, staff and community members that will empower you to think critically about taking control of your future.

Are you interested?

**Be sure to read the information in this packet and complete both sides of the application form ASAP, but no later than Wednesday, May 5, 2010.** There are only 150 slots available for the conference and students have been contacted statewide. Participation in this conference is based on a "first come, first served" eligibility and availability basis. It is important to mail or fax your completed application as soon as possible. **Remember, all applications are INCOMPLETE without the Recommendation Form and Parent Commitment Forms.**

Note: **YGB is FREE!** Food will be provided throughout the day. The only cost to you will be transportation to the University of Washington - Seattle campus.

If you still have questions, we are here to help! Please don't hesitate to email or call. We are more than happy to address your questions or concerns!

**Jennifer Rance**

Outreach and Admissions Counselor  
African American Recruitment Coordinator

[jrance@u.washington.edu](mailto:jrance@u.washington.edu)

206-616-7712

Outreach and Recruitment Website: <http://depts.washington.edu/reach/>

Office of Minority Affairs & Diversity Website: <http://depts.washington.edu/omad/>

## **Application Instructions**

**1. Complete ALL sections of application:**

- Student Information
- Parent/Guardian Commitment Forms
- Emergency Contact
- Student and Parent/Guardian Signatures
- Recommendation Form

**2. Mail Application to:**

OMA&D, Recruitment and Outreach  
University of Washington, Box 355845  
Seattle, WA 98195  
Attn: YGB Conference  
Fax: 206-685-5361

**3. Confirmation to attend program:**

Students will receive an **acceptance letter via email.** Please provide an updated email address in the student information section. If you do not have an email address, we will send the letter to your mailing address. Students will be expected to RSVP via email or phone.

*To request disability accommodations, contact the Disability Services Office at least ten days in advance of the event: (206) 543-6450 (voice); (206) 543-6452 (TTY); (206) 685-7264 (fax); [dso@u.washington.edu](mailto:dso@u.washington.edu) (e-mail).*

Young, Gifted and Black Conference (YGB)

Saturday, May 22, 2010

APPLICATION FORM

Please provide the following student information. Complete the Application Form and mail or fax along with the **Recommendation Form and Parent Commitment Forms** to the University of Washington as soon as possible, but no later than **May 5, 2010**.

**Student Information:**

Student Name: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Grade level: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Academic Interest: \_\_Arts/Architecture \_\_Biological Sciences \_\_Business \_\_Math, Computing/Engineering  
\_\_Health Sciences/Pre-MED \_\_The Environment \_\_Physical Sciences \_\_Social Sciences \_\_Other \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Medical Restrictions:  Yes  No If yes, explain: \_\_\_\_\_

Current Medications:  Yes  No If yes, please list: \_\_\_\_\_

Dietary Restrictions:  Yes  No If yes, explain: \_\_\_\_\_

Please read through the following list of **Student Statement of Expectations** and sign below:

1. Participation is mandatory in all activities while you are attending the YGB Conference.
2. You must remain on campus in the designated location during your entire visit to the UW.
3. Upon arrival, you will receive a folder with necessary information and materials. Please make sure your folder is with you at all times for reference and note taking.
4. Come prepared to interact with UW students, faculty, and staff, participate in workshops, and ask questions.
5. Participants are expected to be respectful of University staff, property, and other attendees.
6. There will be zero tolerance for alcohol and/or drug use during YGB. This excludes medicine prescribed by your doctor.

I have read this statement, agree to the expectations, and will abide by them. I understand that if I do not abide by them, or if I am disruptive or disregard the instructions of the University of Washington staff, I may be asked to leave and my parent/guardian will be contacted.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Young, Gifted and Black 2010**  
Recommendation Form

Applicant Name: \_\_\_\_\_ School: \_\_\_\_\_ G.P.A. \_\_\_\_\_

This student has asked you to provide an assessment of his or her suitability as a participant in the Office of Minority Affairs & Diversity's 2010 "Young Gifted and Black" (YGB) Conference. *We rely heavily on your recommendation, particularly for non-academic characteristics.* We are interested in students who have previously demonstrated an interest in pursuing higher education and could benefit from the experience. We accept students who have demonstrated past academic achievement and do not present any behavior problems.

Characteristics		Excellent	Very Good	Good	Fair	Poor	Unable to Judge
MATURITY: Personal development, ability to cope with life situations							
INTERPERSONAL RELATIONS: Ability to get along with others, rapport, cooperation, attitude towards supervision							
EMPATHY: Sensitivity to the needs of others, consideration, tactfulness, respect towards individuals who may be ill or disabled							
ANALYTICAL SKILLS: Ability to problem solve, correlate and process information and think critically							
RESOURCEFULNESS: Ability to discover new resources and to manage new and already present resources skillfully							
RELIABILITY: Dependability, sense of responsibility, promptness							
LEADERSHIP: Ability to initiate and/or supervise others							
INTEGRITY: Honesty, trustworthiness, uprightness							
COMMUNICATION SKILLS:	Verbal skills, articulation						
	Nonverbal skills						
Check Overall Recommendation:	__ I recommend the applicant without reservation	__ I recommend the applicant with confidence	__ I recommend the applicant with reservation	__ I do not recommend the applicant			

*Note: Any additional comments may be attached and sent along with the recommendation form.*

\_\_\_\_\_  
Evaluator's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

**Please deliver to student or send to:**

**Office of Minority Affairs & Diversity, Outreach and Recruitment Division**

**University of Washington, Box 355845**

**Seattle, WA 98195**

**Fax: 206-685-5361**

**Young, Gifted and Black**  
Parent/Guardian Commitment Form

Applicant Name: \_\_\_\_\_ School: \_\_\_\_\_

Your student has asked you to provide an assessment of his or her commitment as a participant in the Office of Minority Affairs & Diversity's "Young Gifted and Black" 2010 Conference. We are interested in students who have previously demonstrated an interest in pursuing higher education or could benefit from learning about such options. The conference is open to high school students only.

Do you agree with the following statement?	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My child is excited about this event.					
My child lacks excitement but I strongly feel that my child will benefit by attending this event.					
My child has a strong desire to attend college.					
My child has a lot of potential that needs to be channeled in a positive direction.					

How do you feel that your student will benefit by attending this event?

Unfortunately, space for this event is limited and some students will be turned away. Therefore, *we rely heavily on your commitment to this program.* What will you do to ensure that your student shows up on time, with a positive attitude and ready to participate in this amazing experience?

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Parent/Guardian Name

Signature

Date

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Phone Number

City, State Zip

**Please return all forms to student or send to:**

**Office of Minority Affairs & Diversity, Outreach and Recruitment Division**

**University of Washington, Box 355845**

**Seattle, WA 98195**

**Fax: 206-685-5361**

**Parent/Guardian Information:**

Please provide the following information (print or type). Please also read the Parent/Guardian Statement of Consent and provide your signature below.

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**If unable to reach parent/guardian, please contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Statement of Consent/ Release of Liability**

My child, \_\_\_\_\_, has my permission to participate in the University of Washington's Young, Gifted and Black conference May 22, 2010.

I release the University of Washington ("the University"), and its respective directors, officers, agents, and employees (collectively, "Releasees") from liability for any loss, damage, injury or illness resulting from my child's participation in this activity. On behalf of my child and myself, I promise that I will not institute, prosecute, or in any way aid in the prosecution of any claim, demand, action, or cause of action against the Releasees or any of them.

In the case of injury or illness, I authorize University representatives to seek all necessary medical attention for my child. In such case, I understand that I will be notified as soon as possible and that my insurance carrier or I am responsible for any and all medical expenses incurred. I remain fully responsible for any actions taken by my child.

I understand that – though my child will be accompanied much of the time by the Releasees – they cannot monitor my child 100% of the time. If the University discovers that my child has left his/her group, or has done something to risk his/her or someone else's safety, I will be called and my child will be asked to leave the program immediately.

I further understand that my child's attendance at the YGB Conference may involve coverage by the media. I hereby release any claim I may have surrounding rights to my child's name, image, voice, or likeness, and I agree that the University may use my child's name, image, voice, or likeness in connection with publicity for the University of Washington and its recruitment efforts.

**I verify that I have read and understood this document and agree to its terms.**

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Please return all forms to student or send to:**

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University of Washington, Box 355845  
Seattle, WA 98195  
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