

Chicago State University ACT/SAT PREP Application Form

Chicago State University College of Pharmacy

Submit all documents and fees to the Office of Prehealth Professions Program, Williams Science Ctr, Rm 221
9501 S. King Drive Chicago, IL 60628

ACT/SAT PREP (9TH-12TH)

Deadline: N/A

Student Information

Application Date: _____

Name: _____ Social Security: _____

Street Address: _____ Apt. Number/Floor: _____

City: _____ State: _____ Zip Code: _____

School: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Gender: Male Female Date of Birth: _____ Age: _____

Ethnicity: African American (non-Hispanic) White (non-Hispanic) Mexican American Puerto Rican Cuban

Other Hispanic (please specify) _____ African

Native Hawaiian or Pacific Islander (please specify) _____ Other

US Citizen Permanent Resident Visa Number _____

Parent/Guardian Information

Parent/Guardian Name: _____ Occupation: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Highest Education Level Completed: _____ Concentration: _____

Mailings should be addressed to: _____

Annual Gross Income:

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$10,000 - \$15,000 | <input type="checkbox"/> \$16,000-\$20,000 |
| <input type="checkbox"/> \$21,000 - \$25,000 | <input type="checkbox"/> \$26,000-\$30,000 | <input type="checkbox"/> \$31,000-\$35,000 |
| <input type="checkbox"/> \$36,000-\$40,000 | <input type="checkbox"/> \$41,000-\$45,000 | <input type="checkbox"/> \$46,000-\$49,000 |
| <input type="checkbox"/> \$50,000 or higher | | |

Emergency Contact Information

Emergency Contact: _____ Phone Number: _____

Relationship: _____

File Release

I hereby give permission for Chicago State University and its affiliates to request my child(ren's) transcripts, test scores and/or grades from the school he/she attends.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

CONTINUED ON BACK

Academic Record

School: _____

Counselor Name: _____ **Phone Number:**

Current Grade Level: _____ **Expected Year of Graduation:** _____

If applicable: Current GPA: _____ **Class Rank:** _____ **ACT Score:** _____ **SAT Score:**

Desired Career Goals:

Community Involvement and Extracurricular Activities:

Activity **Hours per Week**

Awards and Honors **Date Received**

Instructions for Essay

On a separate form, please type a 200 word personal statement addressing the following.

Please describe a situation in which you placed someone else before yourself or describe a health issue that faces your community that you would like to see changed and why?

BE SURE TO COMPLETE AND SUBMIT RECOMMENDATION FORMS.

**Chicago State University ACT/SAT PREP Program
Participation Agreement, Media Release, Medical Treatment and Release of Liability
Please Read Carefully**

I, _____, parent/guardian of _____ (participant name), wish for my child to participate in the Chicago State University (herein after, CSU) ACT/SAT PREP Program. My child may participate in various academic seminars, small group activities, lectures, hands-on projects and various field trips, including but not limited to, health professional schools, hospitals, clinics and health industries.

If at any time my child's participation in the program is deemed detrimental to the program or its other participants, as determined by the discretion of program staff, I understand that he/she may be expelled from the program without CSU, or related affiliates, incurring any liability.

I authorize my child's participation in media related activities associated with their involvement in the ACT/SAT PREP Program. I hereby consent to have my child photographed, video/audio taped and/or interviewed by CSU program staff, sponsors or news media while program is in session or under supervision of participating entities. I agree to hold harmless CSU (including, but not limited to, it's trustees, employees, students acting as employees and representatives) from any and all demands, claims, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or caused by the use of my child on television, radio, motion pictures or in print medium. It is further understood that I do agree that NO MONIES or other considerations IN ANY FORM, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents or assigns at any time because of my child's participation in any or above said activities.

I am fully informed or otherwise aware of, and fully assume, all risk to person and property in connection with my child's participation in the CSU ACT/SAT PREP Program, including but not limited to property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient physical and mental health to participate in the program and does not have any physical or mental conditions, which could affect my child's ability to participate in the program. I have medical insurance coverage appropriate for my child's participation in the program and have provided emergency contact information with my child's application.

I understand that If my child requires medical treatment while participating in the program, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for the child as may be deemed necessary under the circumstances, including, but not limited to, x-ray, examinations, surgery and anesthesia.

In return for my child's participation in the ACT/SAT PREP Program, I fully and forever RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE, Chicago State University (including, but not limited to, it's trustees, employees, students acting as employees and representatives) from any and all demands, claims, actions, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorney fees) from any causes whatsoever (including, but not limited to, travel delays, property damage and loss, bodily injuries, sickness, disease and death) directly or indirectly arising in connection with my child participation in the program, whether or not foreseeable or contributed to by the negligent acts or omissions of Chicago State University or others.

This agreement may not be modified, assigned or transferred. This agreement shall be governed by the laws of the State of Illinois. In the event any provision of this agreement is held enforceable, this will not affect any other provision and this agreement shall be construed as if the enforceable provision had not been incorporated in this document.

Printed Name of Parent/Guardian Date

Signature of Parent/Guardian Date

Chicago State University ACT/SAT PREP Program Recommendation Form

Your Recommendation Form must be completed by a high school teacher or guidance counselor. The form must be returned with your application to the Chicago State University Office of Prehealth Professions Program.

Student Name: _____ School: _____

School Address: _____ School Phone Number: _____

Teacher/Counselor Name: _____

RATING SCALE

Categories	Superior	Good	Average	Poor	No Opinion
Critical Thinking Ability					
Motivation					
Oral Expression					
Written Expression					
Empathy, Ability to work with others					
Self Confidence					
Emotional Stability, Behavior under pressure					
Maturity					
Poise, General Appearance					
Reliability					
Breadth of Intellectual Interests					
Leadership Skills					

Questions and Comments

1. How well do you know the applicant? (use separate paper).

2. Overall recommendation of the student for the ACT/SAT PREP Program at CSU.

Highest Recommendation
 Strongly Recommended
 Recommended as Satisfactory
 Not Recommended
 Not Suitable at this time
 Insufficient Evidence to Evaluate

3. If you would like to share additional comments, please use separate paper.