



Mail Application to:

UW-GREEN BAY PRECOLLEGE  
 STUDENT SERVICES BUILDING 1721  
 2420 NICOLET DRIVE,  
 GREEN BAY WI 54311-7001

College Applying To  UW-GREEN BAY
Precollege Program Name  PRECOLLEGE - WINGS

**INSTRUCTIONS FOR COLLEGE USE ONLY**  
 Enter name and address of college or institution in space above.

**You may receive a maximum of three DPI Precollege Scholarships per year.**

**STUDENT / PARENT INSTRUCTIONS:** Student must be eligible for Free or Reduced Price School Meals, and must have finished fifth grade, but not have graduated from high school to receive a DPI Precollege Scholarship.

Fill out **Section I—Student Information completely**. Parent/guardian must sign in the space provided. Give this form to your principal or food services authorized representative at **your** school for completion of **Section II**. Once the signature is acquired through your middle or high school, mail the completed scholarship application **to the college or university** that is offering the precollege program.

**I. STUDENT INFORMATION**

Name Last		First		Middle Initial	
Street Address			City	State	Zip
Phone Number Area Code/No.	Email		Date of Birth Mo./Day/Yr.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

Check **only one** (For Statistical Purposes Only)

Hispanic or Latino  Not Hispanic or Latino

American Indian or Alaska Native  Asian  Black or African-American  Native Hawaiian/Other Pacific Islander  White

Current Grade Level <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12			Anticipated Year of High School Graduation		
School Presently Attending		School District Name		No. of Prior Precollege Scholarships Received This Year	

**I HEREBY AUTHORIZE** release of my child's verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian  ➤	Date Signed Mo./Day/Yr.
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**II. VERIFICATION AND RECOMMENDATION**

**Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member**

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals?  Yes  No

**I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.**

Name of Authorized Representative	Title	Telephone Area/No.
Verification Signature  ➤		Date Signed Mo./Day/Yr.