Greetings Students, Parents, Guardians, Public School System Administrators, Teachers, Counselors, and Community Leaders/Members:

Winona State University’s Inclusion & Diversity Office and Minnesota State College - Southeast Technical invite you to apply or nominate young males and females for:


The 2015 co-ed Male and Female H.O.P.E. Academy is scheduled for: **Wednesday, June 17, 2015 through Saturday, June 27, 2015.**

This ten day co-educational residential program includes housing, meals, and supplies. It is open to all males and females in 9th through 12th grades except those who will graduate this year. **A $50.00 registration fee is due by the application deadline. Accepted students will receive a refund at the conclusion of the academy. Students not accepted will receive a full refund (please see page 4 for full details on registration fee, cancellation, and refund policy).**

The 2015 H.O.P.E. Academy has the capacity to serve up to 25 males and 25 females or a total of 50 students no matter the gender ratio. **The application deadline is Friday, May 22, 2015.** Applicants will be admitted to the program on a first-come, first-serve basis by the actual date that the completed application is received so it is essential that you submit your application promptly, along with the $50.00 registration fee, a completed immunization record, unofficial high school transcript, and the signed/dated waiver & release forms. After capacity has been met, students will be placed on a waiting-list and contacted by a WSU staff or student staff member when a space becomes vacant. **Please Note: If all requested information is not received along with the application, the student applicant will go on the waiting list until all information is received in order to be considered for participation.**

We are looking forward to receiving your application and partnering with you to make the 2015 H.O.P.E. Academic and Leadership Academy a success for all!

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Winona State University

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H.O.P.E. Academy (Brief Summary)

H.O.P.E. (Harnessing Opportunities for Post-Secondary Education) Academic and Leadership Academy is a ten day summer residential program for male and female high school students.

The purpose of the Academy is to provide students with an opportunity to experience authentic campus living—real faculty + real residence halls + real choices in real time for a successful transition from high school to real college life! In addition to academic courses, the Academy offers leadership training and communication & interpersonal skill building activities that will help students, as well as their families, move beyond the financial, social, and academic barriers—both factual and presumed, toward the realization of an engaged and successful undergraduate student college experience.

Through the Academy, it is our utmost hope that students realize how intellect, integrity, courage, respect, passion, and leadership are true building blocks for future academic and personal success. The H.O.P.E. Academy is an exhilarating experience that students will consider life-changing.

H.O.P.E. Academy (Vision and Goal Statements)
The vision is to provide 9th through 12th grade underrepresented and underserved female and male students with an opportunity to experience life on a college campus, by engaging them in relevant academic coursework & classes, and motivational & informational workshops and forums. Our goal is to provide classes, programs and activities that are responsive to the real academic, financial, motivational, race, gender, and educational barriers to post-secondary access, success, and life-long opportunities.

H.O.P.E. Academy 2015 Academic Overview
Participants will attend classes, seminars, and workshops each day during the academy. The classes currently under development for this year include: English, STEM courses, Political Science and Women and Gender Studies. Students take about 4 classes and will receive a grade of Pass (P) or No Credit (NC) which will be reflected on WSU transcript. Note: The WSU transcript is new for the 2015 Academy to assist high schools in deciding to provide H.O.P.E. participants with high school elective credit. H.O.P.E. student will also be administered an ACCUPLACER test to assess their level of college readiness.

Courses that will be offered:
- MATH 100 Survey of Mathematics
- MATH 120 Precalculus
- CHEM 212 Principles of Chemistry I
- ENGL 111 College Reading & Writing
- ENGL 112 Research Writing
- WGS 220 Power, Privilege and Gender
- PESS 144 Contemporary Activities

Workshops Topics Includes:
- Time Management
- Admissions to Technical, Community & Four-Year Colleges & Universities
- Writing Winning College Scholarship Essays
Seminars Topics:
- The Ideal Male and Female Institute
- Teamwork and Ethical, Moral Character Leadership
- Diversity and Building Cultural Competence for the 21st Century.

Transportation Information:
WSU will provide free transportation for accepted applicants from the Twin Cities area for accepted applicants from Roseville High School, Roseville MN. Please contact WSU Inclusion and Diversity Office regarding transportation from Rochester, Minnesota.

Criteria for Applicants:

Diversity
Minnesota State Colleges and Universities system recognizes and respects the importance of all similarities and differences among human beings. The system and its institutions are committed, through their programs and policies, to fostering inclusiveness, understanding, acceptance and respect in a multicultural society. Diversity includes but is not limited to, age, ethnic origin, national origin, race, color, sex, sexual orientation, marital status, disability, religious beliefs, creeds and income. Minnesota State Colleges and Universities system’s commitment to diversity compels it to confront prejudicial, discriminatory or racist behaviors and policies.

Underserved Students
These are students who have been traditionally excluded from full participation in our society and its institutions. The basis of exclusion has primarily been race and color including African Americans/Black, Asian, Hispanic, American Indian and multiracial.

Underrepresented Students
This group includes underserved students (African Americans/Black, Asian, Hispanic, American Indian and multiracial) plus first generation students\(^1\) and low income students\(^2\). (In specific instances, other groups of students may be considered underrepresented. For example, in a traditionally female discipline, males may be considered underrepresented and vice versa.)

\(^1\) A first generation student as defined by the Minnesota State Legislature for accountability purposes is a student neither of whose parents attended college. The federal government’s TRIO programs define a first generation student as students neither of whose parents received a college degree.

\(^2\) The state does not define low income. Minnesota State Colleges and Universities system uses Pell grant eligibility as an indicator of low-income.
Transcript
Each student will receive a WSU transcript showing their participation in HOPE Academy at the conclusion of the academy.

Student Application Form

REGISTRATION FEE: $50.00 check only, NO CASH
Please make checks payable to Winona State University. Your check will be processed within 24-48 hours upon receipt. Please note, if any checks are returned because of insufficient funds, WSU will charge a $20 fee. WSU reserves the right to refuse to honor future checks submitted for insufficient funds.

CANCELLATION POLICY: Cancellations must be submitted in writing via email to cdstudent@winona.edu or by calling 507-457-5595, no later than Friday, June 5, 2015. Cancellations after June 5, 2015 will result in the forfeiture of your deposit and cancellation of your application and participation in H.O.P.E. Academic and Leadership Academy.

REFUND: Accepted H.O.P.E. participant, WSU Inclusion and Diversity Office will refund application fees as soon as possible and no later than 2 weeks after the Academy has concluded through mail. Please note if you do not get accepted into the academy you will be refunded your $50.00 fee no later than June 30, 2015.

Please note: A complete application must include the following items: Your application, $50.00 registration fee, a completed immunization record, unofficial high school transcript and a signed/dated waiver & release forms.

**Please print legibly**

Participant’s Name:

___________________________________________________________________________

Last               First               Full Middle

Home Address:

___________________________________________________________________________

City: ___________________________ State: ___________ Zip Code: ___________

Home Phone: ___________________________ Cell Phone: ___________________________

Email Address:

_________________________________________

Gender: _________ Current Age: _________ Current Grade: _________ T-Shirt Size _________

Current School: ____________________________________________
Current Grade Point Average: ____________________ Current Class Rank: ______________

School Counselor: ______________________________________________________________

Are you a First Generation Student? (Please check the answer that applies. If both definitions apply, please check both).

A first-generation student as defined by the Minnesota State Legislature is a student neither of whose parents attended college. Yes_______ No__________

The federal government’s TRIO programs define a first generation student as students neither of whose parents received a college degree. Yes_______ No__________

Racial/Ethnic Identity: If you are not satisfied with the standard categories that reflect race/ethnic identity please check other and identify the racial/ethnic identity you choose to be identified by.

Please select any that apply
- **Asian** (a person having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent)
- **Black or African American** (a person having origins in any of the black racial groups of Africa)
- **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture)
- **Native American or Alaska Native** (a person having origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment)
- **Native Hawaiian** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- **White** (a person having origins in any of the original peoples of Europe, or North Africa)
- **Other**: ________________________________________________________________

How did you hear about the H.O.P.E. Academic and Leadership Academy?
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

Why did you choose to apply to the Academy? (Please explain)
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
__________________________________________________

5
What do you hope to gain personally and academically from this program? *(Please explain)*

_______________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Academic Self-Assessment

<table>
<thead>
<tr>
<th>Based on how confident you feel in each category compare to other students in your current/present grade level, please rate yourself by circling the number that corresponds to the rating scale on the right.</th>
<th>Outstanding</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>My reading ability is</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>My leadership ability is</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>My writing ability is</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>My math ability is</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>My social skills are</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
**Parent(s) and/or Guardian(s) Information Form**

Parent/Guardian Name(s): _______________________________________________________

Address: ________________________________________________________________

City____________________ State:______________ Zip Code:_____________________

Home Phone:____________________ Cell Phone:_____________________________

Email Address: __________________________________________________________

Relationship to Participant: _______________________________________________

**Racial/Ethnic Identity:** If you are not satisfied with the standard categories that reflect race/ethnic identity please check other and identify the racial/ethnic identity you choose to be identified by.

Please select any that apply

- **Asian** (a person having origins in any of the original peoples of the Far East, SE Asia, or the Indian subcontinent)
- **Black or African American** (a person having origins in any of the black racial groups of Africa)
- **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American, or Spanish culture)
- **Native American or Alaska Native** (a person having origins in any of the original peoples of North, Central, or South America and who maintains tribal affiliation or community attachment)
- **Native Hawaiian** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- **White** (a person having origins in any of the original peoples of Europe, or North Africa)?
- **Other**:_________________________________________________________________

How did you hear about the program?

- School Staff
- Another Parent/Guardian
- Flyer
- Other:_________________________________________________________________

Is there any additional information about your child that you want to share?

________________________________________________________________________

**Signature of Parent(s) and/or Guardian(s):** _________________________________
Medical/Emergency Information

Name of Emergency Contact Person: _________________________________________________________________

Home Phone: __________________ Cell Phone: __________________________________

Relationship to the Participant: ______________________________________________________________________

Medical History
The information we ask you to provide is for medical emergencies ONLY. We will keep this information confidential; however, if your child becomes ill or injured during any H.O.P.E. Academy event, we will share this information with emergency medical staff/personnel.

Physician Name: _________________ __________________________________________________________________

Phone Number: __________________________________________________________________________________

Do you have health insurance? Yes or No

Insurance Company: ________________________________________________________________________________

Policy #: ________________________________________________________________________________________

Phone Number: ________________________________

In the event of a medical emergency, how would you like us to proceed?
___________________________________________________________________________________________________________

_______________________________________________________________________________________________________

Immunization Records
**Students please note, in order to participate, we must have complete immunization records on file before academy start date.

I have attached a copy of my immunization records: Yes or No

If no, explain reason: ______________________________________________________________________________

_______________________________________________________________________________________________

Medications
Is your child taking any prescription medications? Yes or No

If yes, please list medications taken and dosage amount: ____________________________________________

________________________________________________________________________________________________

Please list any side effect(s): ________________________________

_______________________________________________________________________________________________

Other Allergies and/or Dietary Needs
Does your child have allergies? Yes or No

If yes, please list below allergic reactions: __________________________________________________________________

Does your child require a special diet? Yes or No

If yes, please specify: ________________________________________________________________________________

_______________________________________________________________________________________________

The information provided above is complete and accurate to my knowledge. I agree to notify H.O.P.E. Academy should there be any changes in the information that I have provided. I authorize H.O.P.E. Academy to release this information to medical staff/personnel in cases of an emergency.

_______________________________________________________________________________________________________

Signature of Parent(s) and/or Guardian(s)                                        Date
RESPONSIBILITIES/EXPECTATIONS

Participants are responsible for:

- Committing to remain for the duration of the H.O.P.E. Academy program.
- Actively participating in all activities, classes, workshops, and seminars.
- Knowing and adhering to H.O.P.E. Academy’s Program Rules, Standards, and Expectations; and Winona State University’s/ Southeast Technical College’s Student Conduct and Behavioral Policies.

Under the Minnesota Clean Indoor Air Act, smoking has been prohibited in public places, except in designated smoking areas and for a few other exceptions, since it was enacted in 1975. Effective October 1, 2007, smoking will be prohibited in all indoor public places and indoor places of employment, per the Freedom to Breathe provisions of the Minnesota Clean Indoor Act; Winona State University- Effective Jan. 12, 2009, use of tobacco products will be prohibited on the campus.

The Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act), prohibits the sale, distribution, marketing and promotion of cigarettes and smokeless tobacco to children and adolescents (under age 18). Titled Regulations Restricting the Sale and Distribution of Cigarettes and Smokeless Tobacco to Protect Children and Adolescents, the rule is effective June 22, 2010 and has the force and effect of law. U.S. Food & Drug Administration (FDA)

- If you are under the age of 18 years, it is illegal to possess, smoke, chew, or ingest tobacco. It is also illegal to purchase or attempt to purchase tobacco.
- If you are under the age of 18 years and use a Minnesota driver’s license, permit, or identification card to purchase or attempt to purchase tobacco, your driver’s license may be suspended for 90 days.
- If you lend or allow another person under the age of 18 years to use your driver’s license, permit, or identification card to purchase or attempt to purchase tobacco, you may lose your license for 90 days.
- If you are under the age of 18 years and commit a second or subsequent juvenile tobacco offense, your license may be revoked until you reach the age of 18, or for a period of one year, whichever is longer.
- Anyone who sells tobacco to a person under the age of 18 years will be charged an administrative penalty.

Winona State University’s Tobacco-Free Environment Policy

PURPOSE:
Winona State University is a community of learners improving our world. In accordance with our mission, we are devoted to improving the health and well-being of our campus community by setting an example of healthy practice. In order to conform to the Minnesota Statute 16B.24, Subdivision 8 [Smoking in State Buildings] and to demonstrate the core value of health and wellness at Winona State University (WSU), we will provide a safe and healthy environment for work and study for students, employees and visitors by making WSU a fully tobacco-free campus.

DEFINITIONS:
Smoking/smokeless tobacco usage includes all tobacco products, such as the carrying of a lighted cigarette, cigar or pipe; the use of other lighted smoking materials; and/or the use of any smokeless tobacco products such as chewing tobacco, snuff, smokeless pouches or other forms of loose leaf tobacco.

POLICY
1. Smoking/smokeless tobacco usage is prohibited in all campus buildings including academic and administrative buildings, the student union, and all residence halls including private rooms and campus-owned apartments.
2. Smoking and the use of smokeless tobacco is prohibited in all university-owned vehicles.
3. Smoking and the use of smokeless tobacco is prohibited on all university properties, including outdoor athletic facilities.
4. The sale of tobacco products on campus is prohibited, as well as the free distribution of tobacco products on campus, including fraternities and sororities.

Minnesota Statute 16B.24, Subd. 9, Smoking in state buildings.
What to Bring and Not to Bring to the H.O.P.E. Academic & Leadership Academy

Items to bring:

1. Toiletries
2. A pair of gym shoes
3. A pair of shoes or boots for a field trip
4. Swimwear and a towel
5. Prescription medicines in a clearly marked bag zip lock bag, with a schedule for administering medications, and a health insurance card if available
6. Clothing/ Dress Attire:

**Gentlemen:** A pair of slacks, dress shirt, dress shoes, socks, and necktie or traditional cultural clothing/regalia for Graduation Dinner

**Ladies:** Dress, dressy skirt, dress pants and blouse or traditional cultural clothing/regalia. Dress shoes and hosiery for Graduation Dinner

Shirts/tops must be worn at all times while in public or common areas of Winona State University/Southeast Technical College. Attire must not display obscene, profane, lewd, illegal, or offensive images or words. Dress must be in good taste and appropriate for the occasion or setting. Sleepwear, hats, or head wraps shall not be worn while in public or in common areas of Winona State University/Southeast Technical College or at sponsored activities, workshops, classes, seminars or events. The exception is for residence hall fire drills and other evacuation warnings.

**Head wraps - exception, if it is part of one’s cultural or religious tradition

Items not to bring:

1. Weapons of any type
2. Drugs (other than prescribed medications)
3. Electronic devices of any type (cell phones are allowed)
4. Watches, clocks, and jewelry
5. Privately owned vehicles
6. Sagging pants, short skirts, shorts above thigh level, halter tops, spaghetti strap tops, etc.

**Note:** The H.O.P.E. Academy, its Staff, and Winona State University **will not be** responsible or liable for lost, damaged, and/or stolen articles of any kind. We highly encourage you to keep your campus residential living space secured at all times.
RELEASE AND AUTHORIZATION TO USE STUDENT IMAGE

I consent to allow Winona State University (“University”) to photograph/video me and/or my minor child(ren) listed below during the H.O.P.E. 2015 Academic and Leadership Academy. WSU may produce publications and/or promotional materials which may involve the use of my and/or my minor child(ren)’s likenesses. Such publications will be used for non-commercial educational, exhibition, promotional, advertising, or other purposes by the University and will not be sold to other entities and/or agencies. Such materials may be copied, copyrighted, edited, and distributed by the University.

I understand that my and/or my child(ren)’s likeness/image may be used in the manner described above, and grant the University the right to use and reuse, in any manner at all, the still photograph productions and/or publications as described above. I hereby forever release and discharge the University from any and all claims, actions and demands arising out of or in connection with the use of said still photographs and videos including without limitation, any and all claims for invasion of privacy and libel. This release shall insure to the benefits of the assigns, licensees and legal representatives of the University, as well as the party(ies) for whom the University took the still photograph.

I represent that I have read the foregoing and fully and completely understand the contents hereof.

Dated: ________________________________

Signed: ________________________________

Participant signature if of legal age

______________________________

Printed Name of Participant

Signed: ________________________________

Parent/Guardian signature if student is not of legal age

______________________________

Printed Name of Parent/Guardian
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

To be signed by parents/guardians of participants in the H.O.P.E. Academic and Leadership Academy Winona State University, Winona, Minnesota.

READ CAREFULLY BEFORE SIGNING

I have agreed to allow my child, ________________________________________ (insert child’s name) to participate in the 2015 H.O.P.E. Academic and Leadership Academy. I understand that as part of the Academy, my child may have the opportunity to participate in various other activities such as swimming, leadership and team-building activities, basketball, ropes course, chemistry labs, first-aid certification and other outdoor activities. I am aware of the dangers and risks to person and property that may be caused while participating in these activities. Risks associated with participation in these activities include, but are not limited to, loss of or damage to personal property, bodily injury, or even death. All such risks are known, understood, and assumed by me.

In consideration of the University’s agreement permit my child to participate in these activities, I agree as follows:

1) I represent and warrant that my child is covered by a policy of comprehensive health and accident insurance which provides coverage for illnesses or injuries I sustain or experience, and provides coverage for emergency medical evacuation and for repatriation of remains. By my signature below, I certify that I have confirmed that my health insurance policy will adequately cover my child; and, I hereby release and discharge the University of all responsibility and liability for any injuries, illnesses, medical bills, charges or similar expenses, emergency evacuation expenses, and repatriation related expenses that my child incurs while participating in the Camp.

2) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) (“Releases”) from any and all liability whatsoever for any and all damages, losses or injuries (including death) my child sustains to person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorney fees, which arise out of, result from, occur during, or are connected in any manner with my child’s participation in the trip and/or any travel incident thereto, whether caused by the negligence of the Releases’ or otherwise; except that which is the result of gross negligence and/or wanton misconduct by the Release.

3) I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University and its employees, agents, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss, damage or expense, including attorney fees, that they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including attorney’s fees, which arise out of, occur during, or are in any way connected with my child’s participation in the Camp.

4) I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Minnesota, U.S.A.; and that if any portion thereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that I am the parent or legal guardian of the minor child(ren) listed above and that by signing it am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

Dated: ____________________________ (Signature) (Parent/guardian signature if participant is under 18)

Name (Printed)
**Student Commitment**

I promise to commit to remain for the duration of the H.O.P.E. Academy program.

I promise to attend and actively participate in all activities, classes, workshops, and seminars at the designated times and places.

I promise to know and adhere to H.O.P.E. Academy’s Program Rules, Standards, and Expectations; and Winona State University’s/Southeast Technical College’s Student Conduct and Behavioral Policies.

I make the commitment to respect the rights and safety of others. *Students exhibiting irresponsible behavior that endangers the health, safety, or welfare of themselves/others, or any student engaging in inappropriate conduct as determined by the Academy staff, will be sent home immediately at his or her own expense.*

I promise to stay only in the room assigned to me, and to keep it clean and neat. *Students must notify the academy staff(s), immediately regarding any serious problems with their assigned rooms. If necessary, another room will be provided. However, students are responsible for any damage to the room/residence hall occurring during their stay.*

I promise to know and understand that the use, sale, or possession of tobacco, alcohol, or illegal drugs, as well as the possession of any type of weapon is strictly prohibited. *Any student found possessing or under the influence of any illegal drug or alcohol, or possessing a weapon will be expelled from the Academy, and sent home immediately at his/her own expense. The student’s parents/guardian will be notified of the infraction. Participants should also be aware that they are subject to federal, state, and local laws, and may be prosecuted by the appropriate authorities for alcohol or drug related offenses.*

I promise to stay in a safe, supervised environment at all times. *Unsupervised students may not leave the H.O.P.E. Academy/Winona State University at any time.*

I promise to respect the property of others. *Students are not to take objects from the Academy residence hall/classroom areas or from any property visited on Winona State University/Southeast Technical College campuses.

I acknowledge the fact that I am representing my high school, The H.O.P.E. Academy, and Winona State University/Southeast Technical College, and will behave according to the missions these institutions represent. I promise to maintain and exhibit the expectations of a H.O.P.E. Academy student. I accept responsibility for my behavior during classes, seminars, workshops, and while residing in the residence halls at Winona State University. I understand the consequences of my behavior according to the Responsibilities and Expectations of the 2015 H.O.P.E. Academic & Leadership Academy.

I understand that if I violate the responsibilities/expectations of the Academy, I will be approached and spoken to by the H.O.P.E. Academic & Leadership Staff; appropriate measures will be taken, even if it is necessary to send me home at the expense of my parents/guardians.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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**Parent/Guardian Commitment**

I give my permission for my child ____________________________, to participate in the 2015 H.O.P.E. Academic & Leadership Academy program. I ____________________________ (parent or legal guardian) have read the Responsibilities and Expectations put forth by the H.O.P.E. Academy and Winona State University/South East Technical College, and have gone over them with my student. I promise to make the commitment to have my child remain for the duration of the H.O.P.E. Academic & Leadership Program. I agree that if circumstances warrant, and that the H.O.P.E. Academy staff agree, they have the right to send my student home at my expense, even if that involves me coming to Winona State University to pick them up. I also understand that I will be promptly notified before such measures are taken.

As parent or legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by my child during the H.O.P.E. Academic & Leadership program.

| ____________________________ | ____________________________ | ____________________________ |