

# WINONA

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## STATE UNIVERSITY

Hello,

The Inclusion and Diversity Office at Winona State University invites applications for the 2019 Harnessing Opportunities for Post-Secondary Education Academy (H.O.P.E. Academy).

H.O.P.E. Academy will be held Thursday, June 20 through Saturday, June 29, 2019 on the campus of Winona State University in Winona, Minnesota. The program was designed to partner with students and families on the journey to post-secondary education. A nine-day residential education program, H.O.P.E. Academy is open to students entering grades 9 through 12 in Fall 2019. Housing, meals, in-program transportation, and supplies will be provided.

Students who are graduating from high school at the end of the current academic year are ineligible. We encourage graduating seniors and their families to contact their future colleges and universities or community organizations for information on programs for incoming first year and college-bound students.

We look forward to receiving your application and partnering with you to make the 2019 H.O.P.E. Academic and Leadership Academy a success for all!

Sincerely,

*Dr. Jonathan Locust Jr.*

Associate Vice President  
WSU Inclusion & Diversity Office  
507-459-5597  
Jonathan.locust@winona.edu

# Application Packet

**Application should be mailed to:**

Inclusion and Diversity Office  
236 Kryzsko Commons  
P.O. Box 5838  
175 West Mark Street  
Winona, MN 55987

**Questions or Concerns:**

Ne'Angela Scott, M.S.  
Intercultural & Completion Coordinator  
& HOPE Academy Coordinator  
Office of Inclusion & Diversity  
(507) 457-5884  
nscott@winona.edu

## **Program Summary**

H.O.P.E. (Harnessing Opportunities for Post-Secondary Education) Academic and Leadership Academy is a ten-day summer residential program for 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, H.O.P.E. Academy offers leadership training along with communication and interpersonal skill building activities that help students, as well as their families, move beyond 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. H.O.P.E. Academy is an exhilarating experience that many students consider highly impactful.

## **Vision and Goal Statements**

Our vision is to provide underrepresented and underserved high school students with opportunities to experience life on a college campus, engage in relevant academic coursework; and participate in informational workshops and discussions. 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.

## **Criteria for Applicants**

The H.O.P.E. Academy is designed to provide students from marginalized backgrounds the opportunity to experience college in an immersive residential environment. As a member of the Minnesota State System, Winona State University recognizes and respects the importance of our collective diversity. Our commitment to diversity compels us to confront prejudicial, discriminatory, or racist behaviors, policies, and practices. Through our programs and initiatives, we strive to foster inclusiveness, understanding, acceptance, and dignity for all humans. We have provided definitions below to help determine if this program is designed to fulfill your needs.

### **Marginalized Background**

Any set of characteristics or demographic data which has been used by those with privilege and/or power to push a particular group or groups of people to the edge of society by not allowing them an active voice, identity, or place in it. Students from marginalized backgrounds may have not received equitable resources as other students in the academic setting or are not represented heavily throughout academic institutions.

### **Diversity**

The understanding of our differences in race, sex, color, creed, religion, age, national origin, disability, marital status, income class, sexual identify, gender identity, or gender expression.

## **Registration Fee**

Please make a \$50 check payable to Winona State University and mail back to WSU with the attached W9 completed in the name of the person paying along with your application. Applications submitted without the required registration fee and W9 will not be accepted. Your check will be processed within 24 - 72 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 [nscott@winona.edu](mailto:nscott@winona.edu) or by calling 507-457-5884, no later than Friday, June 14th, 2019. Cancellations after June 14th, 2019 will result in the forfeiture of your registration fee and cancellation of your application and participation in the H.O.P.E. Academy.

## **Academic Overview**

Participants will attend courses, seminars, and workshops each day.

### **Course Options**

Courses provided in previous years include: Biology, Engineering, Communication Studies, English, STEM courses, Social Studies, and Women's, Gender, and Sexuality Studies. Students will take multiple courses, but not all, and will receive a grade of Pass (P) or No Credit (NC) which will be reflected on an unofficial WSU transcript. The unofficial WSU transcript is provided to help students receive high school elective credit. Speak with your school counselor/advisor to learn more. Courses will be selected and determined on the first day of the program (June 20, 2019).

### **Seminar and Workshop Topics**

Seminars and workshops provided in previous years include:

- Isn't This a White Country or What?: The Future of Race in America
- Reframing Beauty: Race, Weight and Body Positivity
- No Justice, No Pride: Centering Racial Justice in LGBT+ History
- Paying for College

### **Transportation Information**

WSU will provide free transportation for accepted applicants from the Twin Cities area. The departure location is at Roseville High School, Roseville MN. Participants may also be brought directly to Winona.

### **Graduation Ceremony Information**

Our HOPE Academy Graduation Ceremony will be held on June 29, 2019 at 12:00 p.m. in East Room, Kryzsko Commons on Winona State University's Main Campus in Winona, MN. Lunch and entertainment will be provided at no additional cost. Families are invited to attend, but reservations are required upon application to the program (Page 6). Please provide a number of guests for graduation. Do not include the HOPE Academy participant in this number.

### **Participant Responsibilities and 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/Minnesota State College Southeast's Student Conduct and Behavioral Policies.
- Knowing and adhering to U.S. Federal, State of Minnesota and Winona State University Smoking/Tobacco Law and Policy

### **U.S. Federal, State of Minnesota and Winona State University Smoking/Tobacco Law and Policy**

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.*

### Prohibited Items

- Weapons of any type
- Electronic devices of any type (cell phones are allowed)
- Privately owned vehicles

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.

### Application Checklist

1.  Participant & Parent/Guardian Information (Page 6)
2.  Graduation RSVP (Page 7)
3.  Refund Information (Page 7)
4.  Release and Authorization to use Student Image (Page 7)
5.  Waiver, Release, and Indemnification Agreement (Page 8)
6.  Student and Parent/Guardian Commitments (Page 9)
7.  Assumption of Risk/Liability Release (Pages 10 & 11)
8.  W9 (Attachment at End)

## Participant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Current Grade: \_\_\_\_\_

English Fluency: Proficient  Intermediate  Beginning  If needed, a translator of which language? \_\_\_\_\_

Current School: \_\_\_\_\_

School Counselor: \_\_\_\_\_ School Counselor Email: \_\_\_\_\_

Will you be a First-Generation College Student? (Neither parent has received a college degree.) YES  NO

Racial/Ethnic Identity (Check all that Apply):  
American Indian or Alaskan Native  Asian  Hmong  Black or African American   
Hispanic or Latina/o/x  Middle Eastern or North African  Native Hawaiian or Other Pacific Islander  White   
Other: \_\_\_\_\_

## Parent/Guardian Information

Primary Contact Full Name: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is there any additional information about the participant that you want to share?

**Graduation RSVP**

Number of guests for graduation: \_\_\_\_\_ Phone number used for confirmation on June 18,2019: \_\_\_\_\_

**Refund Information**

Refunds will only be given to students who submit incomplete applications or are not accepted from the official waitlist.

In addition to completing the attached W9, please provide the following information regarding the person that is paying the registration (yourself, relative, school, counselors/advisors, organization, scholarship, etc.).

Please list current information of payer for refund check to be sent to:

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Please make sure you complete the W9 Form to receive your refund.

**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. 2019 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 photograph and video 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 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.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(if student under 18):

Printed Name of Parent/Guardian: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

**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 \_\_\_\_\_ to participate in the 2019 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:

- 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.
- 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.
- 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.

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.

Parent/Guardian Signature

(if student under 18):

Printed Name of

Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_



**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/Minnesota State College - Southeast’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 their 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, alcohol, or possessing a weapon will be expelled from the Academy and sent home immediately at their 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/Minnesota State College - Southeast at any time.

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

I acknowledge the fact that I am representing my high school, The H.O.P.E. Academy, and Winona State University/ Minnesota State College - Southeast 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 2019 H.O.P.E. 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.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

**Parent/Guardian Commitment**

I give my permission for my child to participate in the 2019 H.O.P.E. Academy program. I have read the Responsibilities and Expectations put forth by the H.O.P.E. Academy and Winona State University/ Minnesota State College Southeast 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. Academy. 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. Academy.

Parent/Guardian Signature (if student under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**Assumption of Risk/Liability Release, Outdoor Education & Recreation Center, Winona State University**

Participating in an Outdoor Education & Recreation Center program requires the participant to be outdoors and take part in adventure activities. Consequently, the participant may be exposed to certain risks due to unpredictable weather conditions and natural or human hazards.

The following is a list of the potential hazards inherent to this program. This is not intended to be a complete listing as other injuries are possible.

- Physical limitation due to environmental factors that can cause sunburn, hypothermia, or frostbite.
- Head, neck, and spinal injuries which may result in complete or partial paralysis and/or brain damage due to fall from height.
- Injury caused by burns resulting from lightning or contact with an open flame.
- Injury or impairment caused by an accident while being transported by personal vehicle, college or rental vehicle, or commercial carrier of any type, or while loading and unloading the vehicle.
- Illness due to exposure of lymes disease, rabies or other diseases that can cause life threatening illness and/or other allergic reactions by plants or virtue of being bitten by insects or animals.
- Injury due to hunting related accidents particularly since our programs run through various hunting seasons.
- Illness due to infection caused by cuts, lacerations, punctures, avulsion, amputation, fractures, internal bleeding, and other soft tissue injuries.
- Illness due to unanticipated exacerbation of underlying medical conditions such as, but not limited to, epilepsy, or diabetes.
- Injury to any bones, joints, ligaments, muscles, tendons, and other components of the musculoskeletal system due to overuse injuries or traumatic accidents.
- Illness due to exposure to communicable diseases such as HIV, hepatitis, cold/flu virus, etc.; or non-communicable diseases such as giardia.
- Injury or infection of eyes, ears, and other vulnerable tissues.
- Illness or serious injury resulting from being lost or separated from the group.
- Injuries may also result from conditions and situations that are completely unpredictable.

The participant must understand that any injuries and/or illnesses sustained during this program may be serious and/or permanent. The participant must also understand that any of the hazards mentioned above can ultimately lead to death. To minimize this risk, the instructor must be aware of any existing physical, mental, or emotional conditions the student may have that could in any negative way affect, or be affected by, participation in the Outdoor Education & Recreation Center.

Please put a check mark next to any conditions applicable to you and make sure to inform your instructor if any apply. If you have a condition that is not seen on the list please write it in the "other" space.

- Dizzy spells, fainting, convulsions, persistent headaches
- Shortness of breath, or asthma on exertion
- Chest Pains on exertion or deep breathing
- Low or high blood pressure
- Hernia
- Chronic pain in neck, back, shoulders, arms or legs
- Broken bones, joint dislocation, serious sprains, weakness of muscles
- Any OTHER medical conditions not listed above

Please list here: \_\_\_\_\_

By signing this form, the participant, states that he/she: (1) has informed the instructor, in writing, of any existing conditions that may be affected due to the nature of the program, (2) is aware of and understands the potential hazards, and (3) chooses to voluntarily participate.

NOTE: WSU does not provide health/medical insurance for course participants, therefore, you are responsible for health care costs incurred during this course.

Full Name: \_\_\_\_\_  
*Last First M.I.*

\_\_\_\_\_ WSU Student    Select Year:     Sr.     Jr.     Soph.     Fresh.    \_\_\_\_\_ WSU Faculty/Staff    \_\_\_\_\_ Non-WSU

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Date of Birth: \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Signature  
(if student under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE OF LIABILITY**

The undersigned assumes all responsibility for and all risk of damage, injury, or loss of property that may occur to the undersigned as a participant in Winona State University's Outdoor Education & Recreation Center while using course facilities and equipment. In consideration of being accepted as a participant, the undersigned hereby releases and discharges Winona State University, Campus Recreation, Outdoor Education & Recreation Center, its faculty, staff, administrators, trustees, and employees from all claims, demands, rights of causes of action, present and future, whether known or unknown, and resulting from the undersigned's participation in the above stated program.

I have read and understand the Assumption of Risk and Release of Liability

On  
the \_\_\_\_\_ day of \_\_\_\_\_, 2019.

Parent/Guardian Signature  
(if student under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_