

STARS Application Directions

Please read and follow the directions carefully. All application materials must be received by the application deadline: May 23, 2014 by 5:00pm.

- 1) Complete the Summer Transfer Academy & Resources for Success (STARS) Application Form
- 2) An unofficial high school transcript
- 3) UC Waiver

All materials must be mailed to the following address:

Office of Admissions
500 N. Lake Road
Merced, CA 95348
Attn: STARS Program

You may also fax the application in at (209) 228-4665.

Or you can go online to submit your application by visiting: <https://era.ucmerced.edu/stars-program>

- Please note: you will need a scanner to scan your high school transcript and upload it to the application website.

Summer Transfer Academy & Resources for Success (STARS) Application

DO NOT LEAVE ANY QUESTIONS BLANK

UC Merced Program(s) in which you have previously participated (please circle):

UC Scholars Talent Search Empowering to Reach Achievement (ERA) Cal-SOAP Other: _____

Section 1: Personal Information

Name:

Last

First

Middle

High School: _____

Address:

Street

City

State

Zip

Gender: *Female/ Male*

Birth Date: / /

Grade Level: _____

MM / DD / YYYY

Phone: () -

Cellular#: () -

Email: _____

of Family Members at Home: _____

Estimated Family Income:

\$18,889 or Less \$25,327 or Less
\$31,765 or Less \$38,230 or Less
\$44,641 or Less More than \$44,641

Father

Parent's Education

Mother

1. Did not graduate from High School
2. High School Graduate
3. Some college but no B.A.
4. Four-year college graduate or higher
5. Unknown

Language(s) you learned to speak first:

English Only English and Another Language (Specify: _____) Another Language (Specify: _____)

Ethnicity:

African-American
American Indian/Alaska Native
Chinese/Chinese-American
East Indian/Pakistani

Filipino/Filipino-American
Japanese/Japanese-American
Korean/Korean-American
Mexican/Mexican-American
Pacific Islander

Vietnamese/ Vietnamese-American
White/Caucasian
Other Spanish American/Latino: _____
Other Asian: _____
Other

Major/Career _____ **Expected Transfer Term:** Fall Winter Spring Year: _____ Undecided

You are planning to transfer to: UCM Another UC CSU Private Other (*Specify*): _____

Undecided Not Transferring

Which Community College are you planning to attend? _____

What is your Community College ID Number: _____

What is the highest degree you are seeking?

Certificate AA/AS BA/BS MA/MS Ph.D.
Professional (MD, JD, MBA) None Undecided
Other (*Specify*): _____

† Application continues on next page.

Application-Continued

Section 2

Will participating in STARS conflict with your job, summer program or other responsibilities? Yes /No (If yes, explain below)

Were you referred? Yes/No If yes, by whom?

Counselor College Fair Flyer Friend Presentation

How did you find out about STARS?

Section 3

Please answer the following three questions in the space provided. Be Specific and clear. You may attach additional pages.

What are your long term educational/career goals? _____

Why is community college a great option for you? _____

What are some challenges you might have in getting to college? _____

Section 4

Applicant Signature

Date

UC Merced ~ Empowering to Reach Achievement

5200 North Lake Road
Merced, CA 95348

Phone: 209-228-4252

Fax: 209-228-4665

era@ucmerced.edu

era.ucmerced.edu

Section 5

Process of Notification:

All students will be notified by May 30th whether they will be offered a seat in the STARS Program. Students will then be mailed the appropriate paper work and must sign and return it by June 13th. Students are responsible for providing their own transportation to and from UC Merced for the STARS Program.

*****ALL APPLICATIONS MUST BE RECEIVED by MAY 23, 2014 at 5:00PM.**

Faxed in applications will be accepted.

Participant's name: _____
Please Print

UNIVERSITY OF CALIFORNIA,

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in

hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents**, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date Signature of Participant Date