



**The Student Advocacy Group**  
 STUDENTS PORTAL TO HIGHER EDUCATION

**W.H.D. Foundation Student Poetry Application**

\*mandatory fields

DATE
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Print application and send completed application with your payment to the WHD Foundation by April 1<sup>st</sup> receive discount

**Personal Information**

Student Last Name:*				First Name: *			
Street Address:*						Apartment/Unit#:	
City:*		State:	ZIP Code:		Cell Phone:		Alternate Phone:
Student Email:*			Date of Birth(DOB):				
High School Name/Address:*						School Code:	
City, State, Zip Code:		Current Grade Level:*	Expected Graduation Year*:	College Choice:		College Major:	
		Current GPA:*					
PSAT* Overall Score: _____		SAT* Overall Score: _____		ACT* Overall Score: _____		English Literature/Comp: AP: AP: AP: AP:	
Writing and Language: Reading: _____		Writing and Language: Reading: _____		English/Writing: _____			
Parent/Guardian* Last Name:				Parent/Guardian* First Name:			
Street Address:*(IF DIFFERENT FROM ABOVE ADDRESS)						Apartment/Unit#:	
City:		State:	ZIP Code:		Cell Phone:*		Alternate Phone:
Parent Email:							

**Tell Me About Yourself**

What are your interests?*	
Which concerns do you have?*	
Reading, Writing, Financial, etc.	
Musical Instruments/Sports/Extra Curricular Activities	
Volunteer/Social Activities*	
Honors/Awards	
Where do you see yourself in 5 years?	
What are your expectations of the Foundation?	<b>Complete 2 Insight Question, 1 Scholarship Essay, 1 Personal Statement</b>

**Course Instructors: Dominique and Danielle, Renowned award winning Spoken Word artists Me'Re Image – Walker Sisters Creators of Expression of Art**

Dear Parents: Your consent is required for your child to participate in a WHD Foundation Poetry Clinic and field trips. No student will be allowed to participate on any field trip without this signed permission slip.

**Poetry Clinic**  
**April 4<sup>th</sup> - June 6<sup>th</sup>**  
**5:00pm - 6:00pm**

**Program:**

10 sessions each Wednesday including April 4th

**Clinic fee: \$75.00** pre-registration  
**\$100** after 1<sup>st</sup> session

Fee includes: Poetry Notebook, 10 sessions, and field trips (transportation not included) Top 5 works will be performed at Me'Re Showcase

**Location:**

**UC Riverside campus**  
**Tartan and Tweet Room**  
**Student Service Bldg.**

Send Completed applications with a check in the amount of **\$75.00 prior 1<sup>st</sup> session to:**

William H. Douglas Foundation,  
P.O. Box 78232, Corona Ca  
92881

Discount of \$75 for clinic or \$15 per session pre-registration After, the cost will be \$100 for Clinic or \$20 per session required at the beginning of session. Grants are available for students with compelling reasons under the discretion of the Foundation.

**In case of Emergency please contact:**

Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

( ) \_\_\_\_\_  
Telephone Office

( ) \_\_\_\_\_  
Telephone Cell

( ) \_\_\_\_\_  
Telephone Home

\_\_\_\_\_ Email

As parent/legal guardian of \_\_\_\_\_

(Print Student's Name)

I grant permission for him/her to participate in the  
**Poetry Clinic and Field Trips**

I hereby grant permission for the WHD Foundation to provide emergency medical treatment, if required, and I accept liability for such treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Student Code of Conduct**

**1. Behavior:**

Any serious violation of the established rules of conduct discussed during the mandatory orientation, may result in the student being sent home immediately at the parents' expense. Follow all instructions by your Instructors. Each student participant is expected to conduct him or herself in a mature manner at all times and to be respectful to all adults at all times. Also, prior to the Clinic and/or subsequent field trips, the director and/or school personnel reserve the right to cancel reservations for students who have been subject to disciplinary action by the Foundation.

**2. Participation:**

Students must participate in at least 8 of the Poetry Clinic Session to be eligible for the scholarship and other awards

**3. Language Use and Judges**

Awards will be based on originality, no profanity, composition and social/personal engagement

**4. Medical Consent Form:**

Must be turned in no later than 10 days prior to departure of planned field trip.

**5. No smoking, drugs or alcohol will be allowed.**

Any student taking prescription medicine should notify the director. All medical problems should be brought to the director's attention as soon as possible.

**6. BE on TIME:**

Each student participant is expected to be at UC Riverside location on time throughout the Clinic. No refunds will be given for any missed sessions or field trips.

**We have read the above rules pertaining to the Poetry Clinic and field trips and I, we agree to abide by them:**

**I understand that I hold the WHD Foundation its officers, agents and employees harmless from any and all liability and claims, which may arise out of or in connection with my child's participation in this activity.**

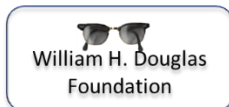
\_\_\_\_\_ (Int.)

\_\_\_\_\_  
Parent or Guardian or Student (if over 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student (if under 18 years of age)

\_\_\_\_\_  
Date



A non-profit 501(c)(3) organization