

Wisconsin Department of Public Instruction WISCONSIN EDUCATIONAL OPPORTUNITY PROGRAM (WEOP) STUDENT ENROLLMENT APPLICATION

PI-1576 (Rev. 10-2022)

INSTRUCTIONS: Complete and return application to the DPI-WEOP location nearest you Locations are listed on the last page of this application.

Incomplete applications and those missing signatures will not be accepted.

PLEASE TYPE OR PRINT

			I. STUDENT INFORMATIO						
Student's First Name	4	Middle Initia	Last Name			Date o	of Birth Mo./Day/Yr.	Gender	
			LA 1444 A POPE 279					Male Female	
Home Phone Area/No. Cell Phone Area/No. Perso			Personal E-Mail /	ersonal E-Mail Address			Last 4 Digits of Social Security Number*		
							To ensure safekeeping of the applicant's personal identifying information, we require that only the last		
Mailing Address Street			City	ZIP	fo	four digits of the social security number be placed on this form Upon receipt, a DPI-WEOP staff			
Malling Address Street			Only		j pe		erson will contact the applicant or parent/		
					rei		emaining social	rdian by phone to obtain the student's aining social security digits which are	
Grade Currently Attending				aled rear of		required for processing.			
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐			Graduation 11 12						
Name of School Currently Attending			City and State So	ocated	18	School Email Address			
Choose one	ne or More					Citizenship Choose one			
			erican Indian/Alasi	Native Hawaiian or Oth		an or Other	US Citizen		
☐ Not Hispanic/Latino			ın		Pacific Islander		er	Permanent Resident	
			ck or African Amer	ican	White `			Neither	
II, HOUSEHOLD INFORMATION									
First Parent's Last Name First N				Second Parent's Last Name		Name Firs	t Name		
								•	
Phone Area/No. E-Mail Address				Phone Area/No.		E-Mail Address			
,									
Cell Phone Area/No. First Parent Highest Le			vel of Education		Cell Phone Area/No.		Second Parent Highest Level of Education		
Less than high						Less than high school			
	High	school / GEI	2-year	college			High school	· · ·	
			s degree) or beyor		and Americal	in Over	1	helor's degree) or beyond	
Number of People in What Language is Spoken at Your Do You Have Any Siblings in Grades 6-12 Your Household No									
					If yes, list their i	names	~		
			III. IN	COME V	ERIFICATION				
Do You Receive Lunch Assistance Check One. Are You a Member of a GEAR UP, Talent Search or Upward Bound Program									
Free Reduced Do not receive Yes No									
If you checked Reduced or Do not receive, also complete Family Taxable Income Verification below. As a federally funded free program for students, Educational Talent Search is required to verify income levels. Family Taxable Income Verification: Check the income range that reflects the taxable									
income reported on your family's Income Tax Return for the most recent year. Check an income range even if you were not required to file. See appendix for further information									
\$0 to \$19,140] \$19,141 t	\$25,860		\$25,861 to \$	32,580		come is greater than \$66,180,	
			o \$46,020		·	\$46,021 to \$52,740		ollar amount below,	
\$52,741 to \$59,460	\$59,461 t	to \$66,180		Greater than \$66,18		30			

^{*}Collection of the Social Security Number and other personal information is for official purposes and will not be released without written permission from the applicant and their parent/legal guardian if a dependent.