ASSOCIATED COLLEGES OF THE MIDWEST
URBAN EDUCATION PROGRAM APPLICATION

INSTRUCTIONS

IMPORTANT: read before completing the application.

1. If you are applying for more than one Urban Education program (e.g. Fall Semester and January Interim), you must submit a separate first page, complete with all required signatures, for each program. The rest of the application need not be duplicated.

PROGRAMS
- Student Teaching
- Bilingual/ESL Teacher Training Program
- Dimensions of Multiculture
- Self-Style program

DATES OFFERED
- Fall & Spring Semester, Fall, Winter, & Spring Terms
- Summer Term
- January Interim
- Schedule with advisor and UEP staff

2. If you are applying for an interim or one-month program, you need only obtain one letter of recommendation, preferably from your advisor.

3. The second page of the application should be completed to clarify the courses and credits you will be receiving upon completion of the Program. This must be signed by the UEP Advisor on your campus (names listed on the program brochure).

4. If you are applying for the Bilingual or ESL Teacher Training program, you will need to obtain a total of three letters of recommendation. One letter of recommendation should be from a faculty member who is familiar with your second language ability and at least one should be from someone in the education department.

5. Students who apply for student teaching during their ninth semester or thirteenth term may be considered for a limited number of special reduced tuition scholarships. To be considered for these scholarships, students must meet special application deadlines, as follows:
   *To be considered for a fall internship, the application deadline is April 15.
   *To be considered for a spring internship, the application deadline is December 1.

Reduced tuition awards will be made approximately 30 days after regular admissions decisions. Scholarships are not guaranteed for each semester/term, but will be determined on a space-available basis. To be eligible, you must plan to complete your student teaching internship through the Urban Education Program in Chicago during a ninth semester or thirteenth term. Ask the UEP Advisor on your campus for a Ninth Semester/Thirteenth Term Reduced Tuition Application Form to include with this application.

6. If you are applying for a course or sequence of courses in the Bilingual or ESL Teacher Training Program, you may be eligible for financial assistance. When federal funds are available, UEP can offer scholarship assistance for this course work. Ask your campus UEP advisor about the availability of funds; if funds are available, ask the advisor for a financial aid form to include with your application. Guidelines for distribution of these funds are as follows:
   a. Students enrolled at ACM campuses will be given first priority for grant awards; students enrolled at Great Lakes Colleges Association campuses are also eligible.
   b. Short-term UEP scholarship assistance for Dimensions of Multiculture may be available.
   c. Students are eligible for the Bilingual/ESL Teacher Training Program only if they have the endorsement of the college’s department of education.
   d. UEP scholarship assistance is available only for participation in course work or student teaching with the UEP and cannot be applied to similar work completed on the home campus.

This application may be duplicated.

revised August 2002
ASSOCIATED COLLEGES OF THE MIDWEST
URBAN EDUCATION PROGRAM

General Instructions to Applicant

1. Please print or type your answers, obtain required signatures on the cover page and release, and return these materials, in duplicate (original plus one copy), to the Program Advisor. ACM Application Deadlines: March 15 for fall semester, fall term, and summer term/November 1 for the January interim, winter term, and spring semester or term.

2. Have your Registrar give a copy of your academic record, to be submitted with your application, to the Program Advisor.

3. Obtain three letters of recommendation. At least two should be from faculty members at your college. If possible, at least one faculty recommendation should be from a professor in an area pertinent to the program's academic content. The third could be from an academic administrator or other college faculty member who knows you well.

4. All of these steps should be completed well before your campus deadline so that the Program Advisor can send all your application materials to the ACM Chicago Office on time. ALL MATERIALS SHOULD BE SUBMITTED IN DUPLICATE.

5. If you are not enrolled at an ACM college, please send all materials directly to: ACM, 205 West Wacker Drive, Suite 1300, Chicago, IL 60606.

Personal & Academic Information

Name __________________________ Date of Birth ________ Sex ________

E-Mail Address __________________________ Country of Citizenship ________ Social Security Number ________

College __________________________ Major Field __________________________

Your Address at College __________________________ Anticipated academic standing when program begins: 

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<th>Freshman</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
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City ________ State ________ Zip ________

( ) ( ) Day Telephone __________________________ Evening Telephone __________________________

Name of Parents or Guardians __________________________

Home Address __________________________

City ________ State ________ Zip ________

( ) ( ) Day Telephone __________________________ Evening Telephone __________________________ Telephone (if different from home telephone) __________________________

If you will be off-campus, where can we contact you during the application process? Give an address, phone number and specific dates.

References

1. Name __________________________ Title & Dept __________________________

2. Name __________________________ Title & Dept __________________________

3. Name __________________________ Title & Dept __________________________

Required Signatures

Applicant __________________________ Date ________

Applicant's Academic Advisor* __________________________ Print Name __________________________ Date ________

Academic Dean** __________________________ Print Name __________________________ Date ________

Dean of Students*** __________________________ Print Name __________________________ Date ________

* Your signature will affirm that this program is consonant with the applicant’s academic program.

** Or Off-Campus Programs Officer. Your signature will certify that the appropriate academic body has approved the student’s candidacy for the program.

*** Or equivalent. Your signature will indicate that to the best of your knowledge the applicant has demonstrated sufficient emotional stability and maturity to participate in an off-campus program requiring adjustment to a different environment and intensive interaction within a small group of students.

revised 2002
# URBAN EDUCATION PROGRAM

(This page must be signed by UEP Advisor)

<table>
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<th>Student's Name</th>
<th>College or University</th>
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**Specific Program(s) in Which Student Will Participate (Check all that apply)**

- [ ] Student Teaching
- [ ] Dimensions of Multiculture
- [ ] Bilingual/ESL Teacher Training Program
- [ ] Self-Styled Program

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<th>Dates of Participation</th>
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Please list the exact course titles, number, and credit distributions as they should appear on the UEP Recommended Grade Forms.

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<thead>
<tr>
<th>Course Title</th>
<th>Course Number</th>
<th>Credits</th>
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Please check each of the following when completed.

- [ ] Application has been approved by the appropriate campus committees (Teacher Education, Off-Campus)
- [ ] Application has been checked for appropriate signatures.

Signature of UEP Advisor

Date
PLACEMENT AND HOUSING INFORMATION

(Student should complete all applicable questions using additional sheets if necessary.)

PROGRAM (check all that apply)

Student Teaching (Specify area and level)
___ Elementary; grade level(s)__________
___ Secondary; subject area(s)__________
___ Special Education
___ Special Area; (MUSIC/ART)__________
___ Bilingual Ed.; grade level(s)__________
___ ESL; grade level(s)________________

Bilingual/ESL Teacher Training Program
___ Bilingual Track; language(s)__________
___ ESL Track

Self-Styled Placement: Please describe
____________________________________

Dimensions of Multiculture--
January Interim
___ Team Placements; world area________
___ Individual Placement

PLACEMENT

A. Describe the kind of school in which you would like to work.

1. Size

2. System (private, public, parochial, alternative)

3. Community (particular ethnic, special educational needs, age, or economic groups)

4. Desired grade level(s)

B. What experiences have you had observing, tutoring, or working with children or young adults in school settings?
C. What languages can you speak/read/write? Should this be a consideration in determining your placement?

D. Do you intend to bring a car to the Urban Education program site?

E. What other information should be known when determining your field placement?

F. If you are applying to student teach, type an essay on a separate page discussing why you wish to become a teacher.

**HOUSING**

Urban Education housing is located at the office site at 5526 N. Magnolia Ave., Chicago, IL 60640. The building is a smoke free environment. Most student rooms are singles. If you request a double room with a roommate, please indicate the name of your desired roommate.

Please give any additional information which you feel should be taken into consideration in making housing arrangements.

**CONTACT INFORMATION**

At what address(es) can you be reached during the three months previous to your participation in the Program? Please include phone number(s).

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URBAN EDUCATION PROGRAM

Academic Program Recommendation

Applicant's Name __________________________ Program Advisor __________________________

Please use a separate sheet of paper and number your responses.

Your candid assessment of the strengths of this student's application to the ACM Urban Education Program will weigh heavily in the Selection Committee's final decision. Please consider your answers carefully; if possible, read the student's completed application and review the objectives of the program outlined in the current program brochure or webpage at http://www.acm.edu/uep.

How long have you known this student? __________________________

In what capacity? ____________________________________________

SELECTION CRITERIA

1. Commitment to working within the field of education.

2. Potential ability to generate, plan, and carry through classroom presentation.

3. Ability to work and learn with students and colleagues of different ethnic and socio-economic groups.

4. Willingness to deal with constructive criticism and evaluation.

Referee's Name (please type or print) ____________________________

__________________________________________
Signature

______________________________
Title

______________________________
College

______________________________
Date

Acknowledgment of this report will not be possible, but please accept in advance the thanks of the members of the Selection Committee.

Please return this form to the Program Advisor.
AGREEMENT AND RELEASE

THIS IS A RELEASE -- READ IT CAREFULLY

The undersigned, being a student at ____________ College, and applying for participation in the Urban Education Program off-campus program of the Associated Colleges of the Midwest (the “Program”), and having the opportunity to gain certain academic credit through participation in such Program, and in consideration of one dollar ($ 1.00) and other good and valuable consideration receipt of which, as one portion of the program fee, is hereby acknowledged; hereby agrees and forever releases the Associated Colleges of the Midwest and each of them, and any officer, director, staff, employee, servant, representative, trustee, insurers, heirs, executors, administrators, successors and assigns, and or agent thereof (“ACM”) of and from any and all liability for any act or omission of any kind or character whatsoever and releases them from any and all costs, damages and claims or assertions of any kind which the undersigned or any of my heirs, successors or assigns may at any time claim or otherwise assert against them and specifically without limitation agree as follows:

1. The program director has the unlimited authority to establish rules concerning the operation of the Program and should the director decide that a student must be separated from the Program because of any violation of such rules, for behavior deemed disruptive to the Program, or for any conduct which could adversely impact the Program that such decision will be final and unappealable;

2. Program tuition covers educational costs of the program, such as staff salaries. Because these costs are fixed, once participation in the program has started, tuition refunds will be strictly limited, and will be made in accordance with the policy on the home campus. Such participation shall be defined as either the day students arrive on the program site or begin group travel;

3. The undersigned hereby releases ACM, any member college, any officer, director, staff, employee, servant, representative, trustee, insurers, heirs, executors, administrators, successors and assigns and or agent, thereof, from any and all personal injury to myself or any damage to, or loss of any personal property caused by acts or omissions of anyone, including but not limited to hotels, carriers, fellow students, restaurants, educational organizations, persons, groups or organizations, including but not limited to ACM, relating to or arising out of the work or study in any ACM program.

I have read the foregoing Agreement and Release, fully understand it and I accept the conditions stated therein.

________________________________________       ________________________________
Signature of Student                                          Date

________________________________________       ________________________________
Name of Student                                          Social Security Number

(please turn over)
AGREEMENT AND RELEASE WITH INDEMNIFICATION AGREEMENT

THIS IS A RELEASE -- READ IT VERY CAREFULLY

In conducting academic programs, the Associated Colleges of the Midwest makes every effort to protect the welfare and safety of the participants. However, ACM cannot assume responsibility for damage to or loss of property, personal illness or injury, or death while a participant is on the program, nor can ACM assume responsibility for participants. We therefore require each applicant and his/her parent or guardian to sign the following statements as an indication that this position is understood and accepted.

The undersigned, being the parent, guardian or other legal representative of ____________________________ (the “Student”), a student at ____________________________ College (the “College”), who has sought and received my permission to participate in the **Urban Education Program** (the “Program”) of the Associated Colleges of the Midwest (“ACM”), which I understand will necessitate the travel of my child from ____________________________ to Chicago, Illinois to participate in such Program, hereby agrees and releases and forever discharges the College and ACM and all their officers, directors, staffs, employees, trustees, servants, representatives, insurers, heirs, executors, administrators, successors and assigns, and or agents of and from any and all liability of any kind or character whatsoever to me or my heirs, successors or assigns with respect to any act or omission by ACM to the participation of the Student in the Program.

I further agree that I will indemnify, defend and hold harmless ACM, the College, their officers, directors, staffs, employees, servants, representatives, trustees, insurers, heirs, executors, administrators, successors and assigns, and agents from any and all claims of any nature whatsoever made by anyone which in any way arise out of or in any way related to any activity of the Student in participation of the Program.

I have read and understand the terms and conditions of this Agreement, Indemnification and Release, and I agree and subscribe to them. My signature below also signifies that the Student has sufficient health, accident, disability and hospitalization insurance to cover him/her during participation in the Program, and that I expect and recognize that none of the fee paid for this Program goes toward the payment of such insurance, and that neither ACM nor the College has an obligation to provide any insurance related to the Student.

I further state that I have read the terms of the Agreement and Release attached hereto (over), that has been signed by the Student with my permission, and that I understand fully said agreement and agree to be bound by the same terms and conditions as if I myself had signed the Release and Agreement.

__________________________________________________________
Signature of Parent, Guardian or Other Legal Representative of Student

________________________
Date

*Please return this form with the application form.*
*Thank you very much for your cooperation.*