



THE CITY OF SAN DIEGO

San Diego Public Library College Prep Academy Application

2014

APPLICANT

Legal Name Last First Middle Jr., etc.

Birth Date mm/dd/yyyy Female Male

Preferred Telephone Home Cell Home Cell

E-mail Address

Home Address Number & Street Apartment #

City State Zip/ Postal Code

Parent/Guardian Last First Middle

Preferred Telephone Home Cell Home Cell

E-mail Address

Will you be a first-generation college student? Yes No Test Preference SAT ACT

EDUCATION

High School

Grade Graduation Date mm/yyyy

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## SHORT ANSWER

On a separate sheet of paper, please tell us something about yourself and your plans for college. Please also list the colleges to which you are planning to apply.

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## FORMS

The attached permission slips for Cal-SOAP and City of San Diego Model Release must be reviewed and signed by your parent or guardian. These forms must be included with all completed applications, whether permission is granted or not.

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## SCHEDULE

Please review the schedule of sessions below. All sessions will be at the Valencia Park/ Malcolm X Branch Library located at 5148 Market St., San Diego, CA 92114 except for Monday, November 3rd, which will be held at the San Diego Central Library located at 330 Park Blvd San Diego, CA 92101.

Tuesday, October 14, 2014	5:30pm-7:30pm	Intro & College Essay/Personal Statement Session by UCSD Cal-SOAP
Thursday, October 16, 2014	5:30pm-8:00pm	ACT Prep Course by UCSD Cal-SOAP
Saturday, October 18, 2014	9:30am-1:30pm	Practice ACT Exam by Princeton Review
Tuesday, October 21, 2014	5:30pm-8:00pm	SAT Prep Course by UCSD Cal-SOAP
Thursday, October 23, 2014	5:30pm-9:30pm	Practice SAT Exam by Princeton Review
Tuesday, October 28, 2014	5:30pm-7:30pm	Review of Exam Scores and Q&A with Princeton Review
Thursday, October 30, 2014	5:30pm-7:30pm	Financial Aid Presentation by Lynn O'Shaughnessy
Monday, November 3, 2014*	6:00pm-9:00pm	Princeton Review's "Meet the Tutors! The Roadmap to College" *(Shiley Special Events Room at San Diego Central Library)
Thursday, November 6, 2014	6:00pm-8:00pm	Graduation Ceremony & College Booths

Parents are encouraged to attend presentations/info sessions. For more information or questions, please contact Catherine Hong, Special Projects/Outreach Librarian, at 619-238-6684 or [SDLBAcademy@sandiego.gov](mailto:SDLBAcademy@sandiego.gov).

Library Staff: Please send completed forms to Catherine Hong  
at Branch Headquarters/MS 17.



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August 26, 2014

\_\_\_\_\_ I give permission to share my child's name as it appears on the sign-in sheets for the San Diego Public Library's Admit One College Prep Academy with **UCSD Cal-SOAP** for their records. It will be used to track their courses and will not be shared with other parties.

Student Name: \_\_\_\_\_  
(please print)

Parent/Guardian: \_\_\_\_\_  
(please print)

Parent/Guardian Signature: \_\_\_\_\_

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



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**MINOR MODEL RELEASE FOR USE OF  
PHOTOGRAPHS BY SAN DIEGO PUBLIC LIBRARY**

In consideration of my engagement as a model upon the terms hereinafter stated, I hereby grant to the City of San Diego, San Diego Public Library, its officers, employees, agents, legal representatives and assigns, the absolute and irrevocable right and permission to copyright and use, re-use, publish, and re-publish photographic portraits or pictures of me, or in which I am included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations from time to time, in conjunction with my own name or a fictitious name, or reproductions thereof in color or otherwise, made through any medium and in any and all media now or hereafter known. I also consent to the use of any printed matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless the City, its officers, employees, agents, legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

I hereby warrant that I am over the age of majority (18 years of age) and am the Parent or Legal Guardian of the minor and that I have the legal right to contract for the minor in the above regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

_____ DATE	_____ PARENT/GUARDIAN'S NAME
_____ MINOR'S NAME	_____ ADDRESS
_____ MINOR'S ADDRESS	_____ SIGNATURE