

### 2019 SOAR Program Application and Prepare To SOAR Academy Application

**Date/Time:** Sunday, July 28 3:30pm to Saturday, August 3 12:00pm

**Location:** Foothill Student Housing facility @ University of California at Berkeley, Berkeley, CA (2700 Hearst Ave. On the corner of Hearst Avenue and Gayley Road, see enclosed campus map A5-A6)

**Application Deadline:** Post-marked on or before **April 12.**

#### Program Description

SOAR for Youth was established to help foster youths move through adolescence and into their adult lives with hope, confidence, and independence. Through a summer residential program and other activities throughout the year, SOAR for Youth provides sustained support to its young participants over a four - eight year period. Once selected each youth begins moving through three consecutive years of one-week residential pre-collegiate summer academies (Prepare To SOAR, Learn To SOAR, and Time To SOAR) held on the University of California Berkeley campus. While at academy the young participants are closely supervised, coached, and counseled by caring and experienced adults. In addition to the summer academies, activities throughout the year are planned to help participants stay connected with their peers and with SOAR for Youth staff. The curriculum includes:

- Academic enrichment in critical subject-matter areas like writing and math.
- College orientation and guidance.
- Outdoor adventures where bonding and teamwork are key.
- Success stories from former foster youths and career role models.
- Life-skills training, including help with personal finance.
- Career development, including job search and interview skills.
- Connection to emancipation services and college scholarship programs that continue to provide a safety net for SOAR graduates.

In 2012, SOAR added academic support services to help our young people achieve their long-term life goals. With the new services, our young people will receive sustained support from SOAR until they graduate from high school and through their first year in college.

Program applicants (Social Welfare foster youths in grades 6-8 now and entering 7-9 in the fall) must reside in the Bay Area, have demonstrated academic capability (GPA = C average and above), be adaptable to a group setting and want to participate in SOAR for Youth activities themselves.



The following pages contain the necessary forms and waivers to be filled out by a legal guardian, social worker, or legal counsel, with the full participation of the applicant. **Please complete and return the pages marked with asterisks (\*) to SOAR for Youth (PO Box 1291, Berkeley, CA 94701) by April 12 (post-marked).** Selected youth will be notified before end of May.

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#### Youth Information

_____				
Last Name (please print)	First Name	Middle Initial	Date of Birth	
Mailing Address _____			City _____	
County _____	State _____	Zip Code _____	Youth Home Phone Number _____	Youth Cell Phone Number _____
Youth Email Address _____				
Name of School Attending _____		Grade Level _____	Grade Point Average _____	
Gender (circle one): Male/Female _____		Adult T-shirt Size (circle your size): XS S M L XL XXL _____		
Ability to Swim: Excellent ___ Good ___ Poor ___ Don't Know but Not Afraid of Water ___ Afraid of Water _____				
Diet limitations: Yes ___ No ___ If Yes, Explain _____				
Youth's Signature _____		Date _____		
Name of Social Worker _____		Phone Number _____	Cell Phone Number _____	
Social Worker's Signature _____		Email of Social Worker _____		
Guardian Name _____		Phone Number _____	Cell Phone Number _____	
Guardian's Signature _____		Email of Guardian _____		
Name & Title (affiliation) of Adult Submitting Application _____		Phone Number _____	Email Address _____	

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**Adult Recommendation:** (This section can be filled by a parent, legal guardian, social worker, teacher, CASA, or a legal counsel)

Name of youth you are recommending \_\_\_\_\_

Open case at a local court: Yes \_\_\_ No \_\_\_ If Yes, Where \_\_\_\_\_

Adult's Full Name _____	Cell Phone _____	Other Phone (Circle: Home/ Work) _____
School/Department/Organization Name (If applicable) _____	City _____	County _____
Relationship to Applicant _____	Email Address _____	

Please answer the following questions:

1. Why do you believe this youth is a good candidate for this program? (How long have you known this youth? What behaviors has he/she demonstrated to indicate that he/she will benefit from this program?)
  
2. Describe any long-term goals or aspirations that this youth has expressed to you. What short-term goals have s/he discussed?
  
3. Please describe how this youth interacts in groups.

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**Youth's Short Essay (at least three paragraphs)**

Name of Youth \_\_\_\_\_

Directions: Tell us about your academic and personal interests and why you want to join this program. The essay can be hand-written or typed on this page or on an attached separate piece of paper. If the essay is hand-written, it is important to write neatly.

### 2019 Prepare To SOAR Academy Tentative Schedule

	<b>Sunday July 28</b>	<b>Monday July 29</b>	<b>Tuesday July 30</b>	<b>Wednesday July 31</b>	<b>Thursday August 1</b>	<b>Friday August 2</b>	<b>Saturday August 3</b>
<b>08:00 – 08:45</b>		Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
<b>08:45 – 09:00</b>		Walk to Class	Walk to Class	Walk to Class	Walk to Class	Walk to Class	Pack
<b>09:00 – 10:30</b>		Math Class	Math Class	Math Class	Math Class	Writing Workshop and 7 Habits (9:00 - 10:00)	Pack and Social
<b>10:45 – 11:45</b>		Writing Workshop and 7 Habits	Writing Workshop and 7 Habits	Writing Workshop and 7 Habits	Writing Workshop and 7 Habits	UCB Campus Tour 10:30 -11:30	Completion Celebration (11:00-11:30)
<b>11:45 – 12:30</b>		Lunch	Lunch	Lunch	Lunch	Lunch	Check Out By Noon
<b>12:30 – 01:15</b>		Travel to Cal Adventures	Travel to Cal Adventures	Travel to Chabot Arrive by 1pm	Travel to Cal Adventures	Travel to Cal Adventures	
<b>01:15 – 04:15</b>	Check In, Move To Dorm & Social (3:30-4:40)	Outdoor Adventure Hiking and Team Building (SCRA)	Outdoor Adventure Sea Kayaking (UCAC)	Chabot Space and Science Center Visit	Outdoor Adventure Ropes Course	Outdoor Adventure Sailing	
<b>04:15 - 04:30</b>	Check In, Move To Dorm & Social	Return from Cal Adventures	Return from Cal Adventures	Return from Chabot	Return from Cal Adventures	Return from Cal Adventures	
<b>05:00 – 05:40</b>	Academy Orientation	Classroom Games and Social	Classroom Games and Social	Beth Luke Learning to Balance	Classroom Games and Social	Classroom Games and Social	
<b>05:40 - 06:30</b>	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
<b>06:30 – 06:40</b>	Reenergize	Reenergize	Reenergize	Reenergize	Reenergize	Reenergize	
<b>06:40 – 07:30</b>	“Arriving Voice & Body”	Foster Youth Education Planning Guide	Former Foster Youth Visit	Thrive Factor	Leadership Presence II	Study Skills	
<b>07:40 – 08:30</b>	Leadership Presence I	College Orientation	Academy Youth Sharing	Thrive Factor Collage	Academy Youth Sharing	Academy Youth Talent Show	
<b>8:40 – 10:00</b>	Safety Drill, Debrief & Social	Debrief & Social	Debrief & Social	Debrief & Social	Debrief & Social	Academy Survey, Debrief & Social	
<b>10:00 - 10:30</b>	Get Ready for Bed	Get Ready for Bed	Get Ready for Bed	Get Ready for Bed	Get Ready for Bed	Get Ready for Bed	
<b>10:30</b>	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	Lights Out	

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## **Directions to the University of California Berkeley Campus**

### **From San Francisco, the San Francisco airport, and points south on northbound Highway 101:**

Follow U.S. 101 north and then switch to I-80 east, and take it across the Bay Bridge.  
Stay left as you get off the Bay Bridge and take I-80 east heading to Berkeley & Sacramento.  
Exit I-80 onto University Avenue.  
Continue east on University Avenue for approximately 1.5 miles to Oxford Street and the western edge of the campus.

### **From Oakland, the Oakland airport, Hayward or San Jose on northbound I-880:**

Stay in left center lanes on I-880 when you reach downtown Oakland.  
Exit I-80 east (to Berkeley).  
Exit I-80 at University Avenue.  
Continue east on University Avenue for approximately 1.5 miles to Oxford Street.

### **From the East Bay on eastbound Highway 24:**

From Highway 24 exit at Telegraph Avenue and take a right on Telegraph.  
Continue on Telegraph until it ends at the south side of campus on Bancroft.  
Make a left on Bancroft.  
Make a right on Fulton, which will become Oxford Street in two blocks.  
Continue on Oxford to University and the western edge of the campus.

### **From the East Bay on northbound Highway 13:**

Highway 13 ends and becomes Tunnel Road.  
Continue on Tunnel Road. Tunnel Road becomes Ashby Avenue near the Claremont Hotel. Continue on Ashby.  
Turn right at Shattuck Avenue.  
Turn right at University Avenue and continue east one block to Oxford Street and the western edge of the campus.

### **From the East Bay on I-80 bound either east or west**

Exit University Avenue.  
Continue east on University Avenue for approximately 1.5 miles to Oxford Street.

### **From the East Bay on westbound I-580:**

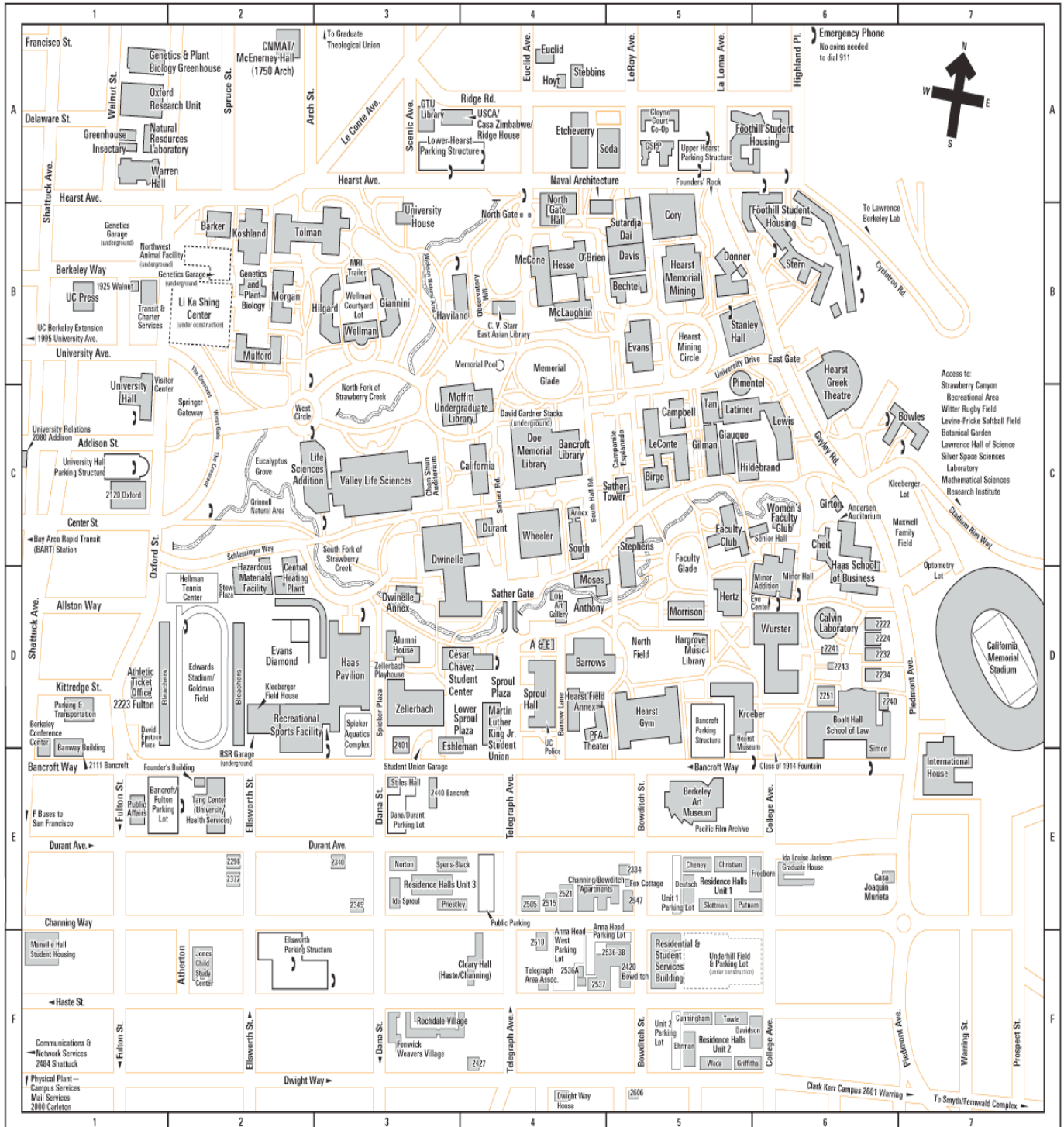
Exit I-80 East (to Berkeley & Sacramento).  
Exit at University Avenue.  
Continue east on University Avenue for approximately 1.5 miles to Oxford Street.

# SOAR for Youth

Support, Opportunities, and Rapport

# Foster Youth Summer Academies at Cal

## Campus Map - University of California, Berkeley





### Directions to Foothill Student Housing (See Enclosed Campus Map B-5, B-6)

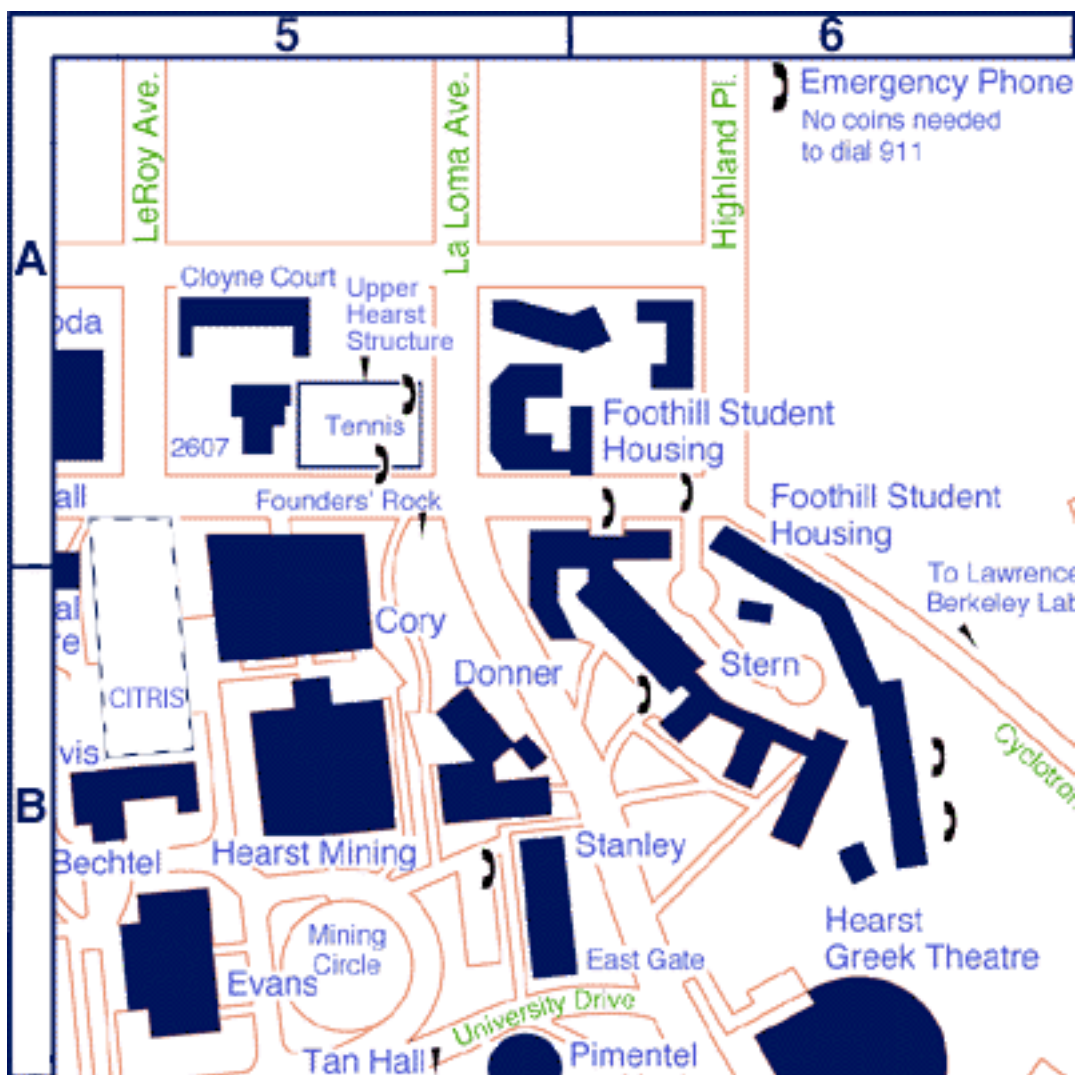
Travel north from Oxford Street and the western edge of the campus.

Turn Right on Hearst Avenue.

Travel east on Hearst Avenue towards the hills.

Pass Gayley Road on the right and La Loma Avenue on the left.

Turn right on Highland (before Highland Pl and Cyclotron intersection) and arrive at Foothill Student Housing receiving area.





**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Event Date:** July 28 - August 3, 2019

**Youth's Name** \_\_\_\_\_

**Event Purpose:** The residential pre-collegiate academy is intended to help foster youth progress academically, show selected youth what they need to do to prepare for college admission, make available a home base for the youth to look forward to returning to, provide a peer group that they feel connected with, and to create a program that reminds them of those who care about them

**Waiver:** In consideration of the acceptance of my application for entry into/participation in the above event, I, for my self, my heirs, personal representatives or assigns, **do hereby waive, release, discharge and covenant not to sue** SOAR for Youth, University of California at Berkeley, and The Regents of the University of California, their officers, employees, students, volunteers, and agents (hereinafter called "The Event Service Provider") **from any and all claims including the negligence** of The Event Service Provider, resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participating in the event.

**Assumption of Risks:** Participation in the event, particularly the outdoor activities part, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. 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 Event Service Provider harmless from any and all claims, actions, suits, procedures, damages and liabilities, including attorney's fees brought as a result of my involvement in the event.

**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, indemnity agreement, and the severability. I fully understand its terms, and understand that I am giving up substantial rights, including my rights to sue. I acknowledge that I am signing this 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.

**THIS IS A RELEASE OF YOUR RIGHTS; READ CAREFULLY BEFORE SIGNING.**

\_\_\_\_\_  
Parent/Guardian's Signature      Date

\_\_\_\_\_  
Youth's Signature      Date

Participant's (Youth) Name: \_\_\_\_\_

Please Print

UNIVERSITY OF CALIFORNIA, BERKELEY  
Recreational Sport Department Facilities and Programs

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of permission to use, today and on all future dates, the property, facilities, staff, equipment, services, and programs of the Recreational Sports Department, 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 directors, officers, employees, and agents from liability **from any and all claims including the negligence of** the Recreational Sports Department Facilities and Programs resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor                      Date

\_\_\_\_\_  
Signature of User (Youth)    Date

**Assumption of Risks:** Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The Recreational Sports Department has facilities for and provides for activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity which places stress on the cardiovascular system.

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 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 activities made possible by the Recreational Sports Department Facilities and Programs. 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 at the Recreational Sports Department Facilities and Programs 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 User (Youth)    Date

Participant's Age (if minor) \_\_\_\_\_

### Medical Release and Authorization Form

Youth's Name \_\_\_\_\_ (M/ F) Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Name of 2nd Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
If Parent/Guardian cannot be reached in an emergency, please contact:  
Alternate Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Child's Health Insurance Co. \_\_\_\_\_ Primary member \_\_\_\_\_  
Policy # \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Please list any physical or behavioral conditions that the academy staff should be aware of, (e.g. sleepwalking, diabetes, epilepsy, fainting, asthma, hyperactivity, and nosebleeds, sleep-wetting) Attach an extra sheet if necessary. Please be specific.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your youth allergic to any foods, medication or insect bites? (Y / N) If "yes" please specify nature of allergies.

\_\_\_\_\_  
Is your youth allergic to bee stings? (Y / N) Carrying epicene? (Y / N) Comments \_\_\_\_\_

May your youth be given non-aspirin if needed? (Y / N)

May your youth be given "over the counter" medications (listed below) if needed? (Y / N)

The following over-the-counter medications are available at the academy. It is not necessary to send these items, unless your youth uses one of them on a daily basis. Please cross out medications to be avoided.

#### ANALGESICS

Ibuprofen (like Advil) [tablet]  
Acetomeiphan (like Tylenol) [liquid & tablet]

#### ANTISEPTICS

Neosporin Ointment

#### ALLERGY

Store-brand "Benadryl" [

#### INDIGESTION

Tums & Pepto Bismo

#### SKIN

Hydrocortisone cream

#### FIRST AID

Band-aids

**Medication Release and Authorization Form (Continued)**

Youth's Name \_\_\_\_\_

Are all immunizations current and up-to-date? (Y/N)      Date of last immunization \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Recent surgery or illness: \_\_\_\_\_

Medication or treatment received for recent surgery or illness: \_\_\_\_\_

Please indicate any academy activities to which you will need to be exempt from.

Please list here all medication to be taken by your youth. For youth with asthma, please indicate if they have your permission to carry their inhaler with them and use their inhaler as needed, while attending the summer academy at Cal

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Remarks:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Remarks:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Remarks:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Condition \_\_\_\_\_

Remarks:

If medication needs to be brought to the academy, all medication, both prescription and non-prescription, must be in the original container. The prescription container must be clearly labeled with the following information:

- 1. Participating Youth's Name
- 2. Physician's Name
- 3. Name of Medication
- 4. Dosage (how much and when)

Please send enough medication for 3 extra days in case of emergency, accidental loss, or damage. Place all medication in a Ziploc bag labeled with your youth's name. Give the medication to the academy Lead Counselor. Please do not pack medicines in your child's luggage (except for inhalers, if authorized above). In the event of an emergency, every effort will be made to contact the parent or designated individual.

**RESPONSIBLE ADULT AUTHORIZATION** The health history provided above is correct, so far as I know, and the participating youth has permission to engage in all prescribed program activities. IN CASE OF MEDICAL or SURGICAL EMERGENCY, I authorize the academy Lead Counselor or University Housing Services person to obtain any medical or surgical care advised by a licensed health care provider. We recognize that the participating youth must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to him/herself or others.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Memo of Understanding**

Youth's Name \_\_\_\_\_

**(To be read, understood, and signed by participating youth and parent or legal guardian)**

We welcome you to the SOAR for Youth summer pre-collegiate academy at Cal program. In order to provide the best possible academy experience for everyone, there are certain rules and policies that have been established for the health and safety of all involved.

1. The participating youth agrees to abide by the rules and regulations set by the academy (see below) for the health, safety, welfare and enjoyment of all participants. In addition, the youth agrees to abide the UCB Student Code of Conduct posted at <http://students.berkeley.edu/uga/conduct.pdf>
2. At academy, youth are expected to participate 100% in all activities including water sports and be respectful of each other as well as SOAR for Youth staff.
3. Use of cell phones, ipods, MP3's , electronic games, etc. will be limited to free time outside of scheduled academy activities. All electronic equipment brought to the academy will be collected nightly right before the lights-out and returned at breakfast.
4. Youth may not leave academy property or established boundaries without academy adult chaperon's escort.
5. Youth are not allowed to smoke, chew tobacco, or possess any smoking materials, alcohol, illegal drugs, personal sports equipment, animals, pets, or hazardous materials.
6. All medications/prescribed drugs must be kept under the control of an academy adult chaperone.
7. Youth are not to use firecrackers or explosives. Youth may not possess weapons of any kind.
8. Willful destruction of property will be the financial responsibility of the youth's parent/legal guardian.
9. Inappropriate behavior, including threatening, bullying, swearing, not following directions, teasing, sexual harassment, not following the academy courtesy agreement (to be created jointly at the academy), and intimidation may result in IMMEDIATE DISMISSAL FROM THE ACADEMY AND, IN SEVERE CASES, EXPULSION FROM THE SOAR PROGRAM.
10. SOAR for Youth and UCB are not responsible for articles of clothing or personal belongings lost or damaged.

I have read, understood and will abide by the rules as stated above throughout my stay at academy.

Youth's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Things To Bring**

Please mark all your personal belongings carefully and do not bring items of great value that you would miss if lost or forgotten.

**Note: The climate in the Berkeley city can be cooler particularly at night. BRING LAYERS!!**

- Pillow (only if you like a certain type)
- Bath towel (only if you like a certain type)
- Soap (only if you like a certain type)
- Shampoo
- Toothbrush
- Toothpaste
- Comb or brush
- Body scrub (only if you like to have one)
- Lotion (only if you use it for face, body, or hand)
- Feminine products (girls only)
- Clothes for at least 7 days and 6 nights plus a few extras (sports, casual clothing for outing and classes. Should include comfortable synthetic pants such as nylon running pants, fleece pants, or any quick dry material pants or shorts.)
- Clothes just to sleep in
- Wool sweater or synthetic fleece jacket for outdoor water sport activities – cotton will not keep you warm when it's wet
- Fleece, wool or synthetic hat for outdoor activities
- Swimming suit/trunks to wear underneath a wetsuit**
- Good shoes for walking around and hikes. Recommend sneakers or other closed toe shoes. Sandals are not appropriate.
- Second pair** of Sneakers, wetsuit booties, or sport sandals attached at the heel that you are comfortable wearing in the water. Flip Flops are NOT suitable
- An extra pair of shoes (optional)
- Sunscreen
- Sunglasses w/strap – so you don't lose them in the water
- Hat with bill
- Mosquito repellent
- Extra blanket(s) or warm clothes to sleep in if you are not used to cold summer nights in Berkeley
- Instruments for a talent show (optional)

If you take regular medication, or if you carry special allergy relief supplies, see Medication Release & Authorization Form. All medication will be held by an academy counselor during the academy.

**School Transcript**

Please include a copy of the applicant's school transcript (preferred, if not available we will accept the latest school report) showing the youth's GPA in the application packet. Once joining the SOAR program we will need to receive a copy of your youth's school transcript (or the latest school report) every year. This will enable SOAR to provide the level of academic support each SOAR youth needs.