Dear High School Representative,

Please have the student’s parent or guardian complete this form. Return this form completed and signed to confirm the student’s participation no later than Monday September 30, 2013.

If submitting scanned forms, please email to: brayboki@lewisu.edu
If submitting via FAX, please fax to: (815) 838-8092
If submitting via U.S. Mail please send to:

Kimberly J. Brayboy, Multicultural Student Services
One University Parkway
Romeoville, IL. 60446

Fulfilling the Dream

The “Fulfilling the Dream” conference is aimed to motivate African American high school students to enroll into higher education and inform students on the college admission and financial aid process.

The Conference provides African American students with the essentials of applying to a university through workshops and discussions. These workshops and discussions include a Black Student Union panel, selecting a University and Financial Aid 101 Workshops. The “Fulfilling the Dream” conference draws its name from the great civil rights leader Dr. Martin Luther King, Jr., who had a dream about equality for all people. He is one of the many leaders who fought for the rights of African American students.

The conference is free (including continental breakfast and lunch) and open to the public; space is limited to a maximum of 200 participants.

Student Information

First Name: ________________________ Last Name: _________________________

School Information

School Name: __________________________________________________________

Grade Level

Freshman: _______ Sophomore: _______ Junior: _______ Senior: _______ Other: _______

Primary Language

English: _______ Spanish: _______ Other: __________________________
Parent or Guardian Information

First Name: ________________________ Last Name: _________________________

Daytime Phone Number: _____________________

I give my son/daughter permission to attend the Lewis University “Fulfilling the Dream” conference on October 22, 2013. I understand that every effort will be made to contact the parent/guardian in case of emergency.

Signature: ______________________________ Date: _________________________

Parent or Guardian, what information would you like for your student to gain from the Fulfilling the Dream Conference?