



SOUTHERN ILLINOIS UNIVERSITY
**COLLEGE OF BUSINESS
AND ANALYTICS**



SOAR

Saluki Opportunities & Awareness Residency

2024 Summer Program

Southern Illinois University

Carbondale, IL

Sunday, June 23, 2024 – Saturday, June 29, 2024



What is SIU SOAR?

The **Saluki Opportunities & Awareness Residency program** at Southern Illinois University in Carbondale (**SIU SOAR**) is an innovative career development program designed specifically for minority students who are entering their sophomore, junior and senior years in high school. Its primary objective is to increase the number of high school students from under-represented ethnic groups to attend college and major in business.

SOAR is a week-long summer camp that informs, and introduces, minority high school students about the expectations of college life and opportunities in accounting and business-related fields while providing the foundation of financial literacy and the development of interpersonal skills. In addition, the program serves as a motivational tool to inspire students to increase their fundamental competence in the skill sets related to employment in those fields, even while in high school.

A summer residency program, SOAR gives students the opportunity to reside in a college setting for seven (7) days and six (6) nights and attend classes on accounting, business, and college preparation. Classroom topics are enhanced through team building activities, professional office tours, field trips, as well as other activities. Prominent business leaders share their knowledge, provide tips for success, and discuss educational opportunities. Students experience accounting and business first-hand through tours of business firms and companies in the private sector. The program concludes with a recognition luncheon for students, parents, speakers, and corporate partners. At the end of the week, students should have developed a clear understanding of the career opportunities in accounting and business professions, while developing a personalized, actionable college and career plan.

Each student is assigned a counselor during the program. The counselor-to-student ratio is 1:5 to provide students with the best possible supervision. SOAR alumni will be left with a life altering experience giving them greater self-esteem and a sense of responsibility for others. SOAR alumni are then challenged to continue their career preparation and leadership skills by serving as Ambassadors for future SOAR programs. Ambassadors will serve as volunteers and guides for first-year SOAR participants.

Nationally, SOAR has served as a turning point in the academic lives of thousands of high school students, motivating them to pursue a higher education while influencing them to major in accounting, finance, and business concentrations. SIU SOAR offers a unique pipeline from high school to college that allows students to become prepared and informed about the expectations of college life. The program is fully supervised and all-expenses-paid. Students selected will receive free tuition, room and food, books, materials, tools, and mentoring opportunities. The Program will accommodate up to twenty-five (25) students who, the academic year following the SOAR program, will be freshmen, sophomores, juniors, or seniors in high school and have an interest in Accounting, Business Analytics, Econometrics and Quantitative Economics, Economics, Finance, Hospitality, Tourism and Event Management, Management, and Marketing. Travel assistance may be available upon request.



How Can I Participate?



Applications for the **Summer 2024 SIU SOAR Program** will be accepted until **Friday, June 7, 2024**. Applicants will be notified no later than **June 14, 2024**. The summer program will run from **June 23-29, 2024**.

Please submit the following application materials:

- ❖ Completed Application
- ❖ One (1) Personal Statement Essay (minimum 150 words, 500 words max)
- ❖ Two (2) Recommendation Forms OR Letters of Recommendation (one from a teacher and one from a guidance counselor, coach, club/group advisor, employer etc.)
- ❖ List of High School Awards, Honors, and Extracurricular Activities
- ❖ Current copy of academic transcript (showing cumulative GPA),

How to apply:

You can use one of the ways listed below to submit your application.

ONLINE SUBMISSION

Please complete the online application:

EMAIL OR US MAIL SUBMISSION

Please complete the attached application and return to us at:

Email to: soar@siu.edu

Mail to: College of Business and Analytics
Southern Illinois University
ATTN: SIU SOAR
Rehn Hall, MC 4619
1025 Lincoln Drive
Carbondale, IL 62901

****Please allow 2-5 business days for delivery when mailing application****

For more information or if you have any questions about the SOAR program, please contact Kim Little, CoBA Dean's Office at soar@siu.edu or call 618-453-7956.



2024 SIU SOAR Program

Student Application



PLEASE COMPLETE THE APPLICATION BELOW **(Please type or print legibly)**

Are you a returning SOAR Student? Yes No Gender: Female Male

Student's Name: _____
(Last, First, Middle Initial)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
(Cell Home

T-Shirt Size: S M L XL 2X Polo Size: S M L XL 2X

Do you have a preferred roommate? Y N Preferred roommate name (first/last): _____

High School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ Ext: _____

Current Completed Grade: _____ Grade Point Average: _____ (Minimum of 2.5)

Ethnic Background (Choose all that apply): African American Hispanic/Latino
 Caucasian Native American Asian Other _____

Parent/Guardian's Name: _____
(Mother Father Grandmother Grandfather Aunt Uncle Other

Parent/Guardian's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work Phone: _____
(Mobile Home

Emergency Contact Name/Phone: _____

Medical/Dietary Concerns: _____



2024 SIU SOAR Program

Student Application



STUDENT STATEMENT OF INTEREST

Please type as essay (minimum of 150 words) explaining why you think you will benefit from the SOAR Program. Please attach or upload essay.

AWARDS & ACTIVITIES

SCHOLASTIC AWARDS

Academic Awards

Number of Years

| | |
|--|--|
| | |
| | |
| | |
| | |

EXTRACURRICULAR ACTIVITIES

(i.e. Student Clubs, Athletics, Volunteer Experience)

Number of Years

| | |
|--|--|
| | |
| | |
| | |
| | |

REFERENCES: Two Letters of Recommendation are required (One from a teacher and one from a counselor, coach, club/group advisor, employer, etc.) Please provide contact information for each of your references.

| Name | Phone Number | Relationship to Student |
|------|--------------|-------------------------|
| | | |
| | | |
| | | |
| | | |



2024 SIU SOAR Program

Student Application



DEMOGRAPHIC INFORMATION

The SIU SOAR Program would not be made possible without the sponsorship and contributions from Corporate Sponsors and grants received from other Charitable Foundations.

Several of these organizations are interested in and/or require the demographics of the students and families that participate in the SOAR program. These details provide them with a better and more detailed understanding of the families and communities that benefit from, and are impacted by, their support of the program.

As such, please complete the following sections to help us obtain more detailed demographic information:

Are the parents/guardians of the applicant legally married? Yes No

If you answered no to the question above, does the applicant live in a single parent household? Yes No

If a single-parent household, what is the gender of the single parent? Female Male

How many people are in the household, including parent(s)/guardian(s) and children?

Two Three Four Five Six Seven or more

What is your gross annual household income?

\$0 - \$15,000 \$40,001 - \$60,000 \$80,001 - \$100,000

\$15,001 - \$40,000 \$60,001 - \$80,000 \$100,001 or more

Parent/Guardian A – Education Level

No High School Diploma or GED High School Diploma or GED

Some College (Not Graduated) Bachelor's Degree

Master's Degree or Greater Other Certification

Parent/Guardian B – Education Level

No High School Diploma or GED High School Diploma or GED

Some College (Not Graduated) Bachelor's Degree

Master's Degree or Greater Other Certification



2024 SIU SOAR Program

Student Application



TERMS AND CONDITIONS FOR PARTICIPATION

STUDENT SHOULD INITIAL BY EACH SECTION:

_____ It is the understanding that the students are guests of Southern Illinois University Carbondale and agree that, at no time, will they leave the campus during their stay. (This does not include the visits scheduled as group activities during the program or in case of an emergency).

_____ In addition, students agree to eat all meals on campus, as they are provided by the program; and students will obey the in assigned room of 10:30PM and lights out policy of 11:00PM, which will be enforced at all times.

_____ There is no smoking or alcohol, or any form of drugs permitted on university property and students agree to refrain from the use of such.

_____ It is understood that not all students who complete the application will be selected to participate in this program and agree to the decisions made by Southern Illinois University and the SIU SOAR Board.

_____ It is understood that this is an educational opportunity and with it comes certain responsibilities. Students will conduct themselves in accordance with the terms outlined.

STUDENT CONSENT

I do hereby agree to the terms and conditions associated with participating in the SIU SOAR program and understand that if, for any reason, Southern Illinois University deems it necessary to send me home for being unable to fulfill my agreement, I understand that my parent/guardian will be notified, and I will comply with this action.

() I, the below signed student, **AGREE** to the SIU SOAR terms and conditions listed above.

() I, the below signed student, **DO NOT AGREE** to the SIU SOAR terms and conditions listed above.

Student Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT

I do hereby give my permission for the above signed student to participate in the SIU SOAR Program to be held in Carbondale, IL for the period of June 23 - June 29, 2024. I understand should my child be asked to leave the program prior to completion, I agree to provide transportation should it be necessary.

() I, the below signed parent/guardian, **AGREE** to the SIU SOAR terms and conditions listed above

() I, the below signed parent/guardian, **DO NOT AGREE** to the SIU SOAR terms and conditions listed above

Parent/Guardian Signature: _____ Date: _____



2024 SIU SOAR Program

Student Application



SOAR MEDIA RELEASE FORM

Program Dates: June 23, 2024 – June 29, 2024

_____ I the undersigned, hereby authorize Southern Illinois University Carbondale to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions), during the above program dates.

_____ I authorize the use of any such photographic or electronic reproductions of me for any purpose, including but not limited to, educational and other public media as may be deemed appropriate by Southern Illinois University during the above program dates.

_____ I understand that I may be identifiable from such photographic or electronic reproductions produced during the course of the above program dates.

STUDENT CONSENT

I do hereby agree to the SOAR MEDIA RELEASE terms and conditions, outlined above, associated with the SIU SOAR Program during the program period outlined above.

() I, the below signed student, **AGREE** to the SIU SOAR Media Release terms and conditions listed above.

() I, the below signed student, **DO NOT AGREE** to the SIU SOAR Media Release terms and conditions listed above.

Student Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT

I certify that I am the parent or guardian of _____,
(Please print student's name)
 the student applicant listed above, a minor under the age of eighteen (18) years old. I hereby agree to assume legal responsibilities for his/her authorizations referred to in the General Media Release.

() I, the below signed parent/guardian, **AGREE** to the SIU SOAR Media Release terms and conditions listed above.

() I, the below signed parent/guardian, **DO NOT AGREE** to the SIU SOAR Media Release terms and conditions listed above.

Parent/Guardian Signature: _____ Date: _____



2024 SIU SOAR Program

Student Application



2024 RECOMMENDATION FORM Recommendation #1 - Page 1 of 2

**The applicant is required to submit two (2) letters of recommendation; One (1) from a teacher and one (1) from a counselor, coach, club/group advisor, employer, etc. The purpose of this form is to replace or supplement a written letter for each of our applicants to determine those students who will be best served by our program.

Applicant's Name: _____

School Name: _____

Last Grade Completed: _____ How long have you known the applicant? _____ Yrs _____ Mths

How much contact have you had/do you have with the student?

Frequent Some Minimal None (If none, please sign, and return to SOAR)

How would you describe the applicant's motivation?

Strong Fair Weak

How would you describe the applicant?

(Please check all that apply and provide a brief explanation of Unacceptable marks).

| | EXCELLENT | GOOD | NEEDS IMPROVEMENT | UNACCEPTABLE | UNSURE |
|-----------------------------|-----------|------|-------------------|--------------|--------|
| Goal setting/Follow Through | | | | | |
| Respect for others | | | | | |
| Initiative | | | | | |
| Stays on task | | | | | |
| Works well with others | | | | | |
| Promptness | | | | | |
| Creativity | | | | | |

Please check all skills and/or aptitudes which apply to the applicant:

- | | | |
|--|--|--|
| <input type="checkbox"/> Outgoing involvement | <input type="checkbox"/> Exhibits Leadership | <input type="checkbox"/> Strong community ties |
| <input type="checkbox"/> Involved in school activities | <input type="checkbox"/> Overcomes Obstacles | <input type="checkbox"/> Strong willed |
| <input type="checkbox"/> Balances work & school well | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Positive influence | <input type="checkbox"/> Role Model | <input type="checkbox"/> Humility |



2024 SIU SOAR Program

Student Application



2024 RECOMMENDATION FORM Recommendation #1 - Page 2 of 2

In your opinion, is this student motivated toward studying accounting and/or business, and exploring a business career? (Please attach additional pages if necessary.)

Please attach any other comments that would help in the evaluation of this applicant for acceptance in the SOAR Program

Please Print Name _____

Title _____ Date _____

Please Sign Name _____

We appreciate your assistance in completing this form. Please return the form as soon as possible to the student or the SOAR Program by any of the methods listed below. **The student's application will not be complete until this recommendation form or letter of recommendation is received.** Thank you for your assistance.

Email to: soar@siu.edu

Mail to: College of Business and Analytics
 Southern Illinois University
 ATTN: SIU SOAR
 Rehn Hall - MC 4619
 1025 Lincoln Drive
 Carbondale, IL 62901

****Please allow 2-5 business days for delivery when mailing application****

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2024 SIU SOAR Program

Student Application



2024 RECOMMENDATION FORM Recommendation #2 - Page 1 of 2

**The applicant is required to submit two (2) letters of recommendation; One (1) from a teacher and one (1) from a counselor, coach, club/group advisor, employer, etc. The purpose of this form is to replace or supplement a written letter for each of our applicants to determine those students who will be best served by our program.

Applicant's Name: _____

School Name: _____

Last Grade Completed: _____ How long have you known the applicant? _____ Yrs _____ Mths

How much contact have you had/do you have with the student?

Frequent Some Minimal None (If none, please sign, and return to SOAR)

How would you describe the applicant's motivation?

Strong Fair Weak

How would you describe the applicant?

(Please check all that apply and provide a brief explanation of Unacceptable marks).

| | EXCELLENT | GOOD | NEEDS IMPROVEMENT | UNACCEPTABLE | UNSURE |
|-----------------------------|-----------|------|-------------------|--------------|--------|
| Goal setting/Follow Through | | | | | |
| Respect for others | | | | | |
| Initiative | | | | | |
| Stays on task | | | | | |
| Works well with others | | | | | |
| Promptness | | | | | |
| Creativity | | | | | |

Please check all skills and/or aptitudes which apply to the applicant:

- | | | |
|--|--|--|
| <input type="checkbox"/> Outgoing involvement | <input type="checkbox"/> Exhibits Leadership | <input type="checkbox"/> Strong community ties |
| <input type="checkbox"/> Involved in school activities | <input type="checkbox"/> Overcomes Obstacles | <input type="checkbox"/> Strong willed |
| <input type="checkbox"/> Balances work & school well | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Positive influence | <input type="checkbox"/> Role Model | <input type="checkbox"/> Humility |



2024 SIU SOAR Program

Student Application



2024 RECOMMENDATION FORM Recommendation #2 - Page 2 of 2

In your opinion, is this student motivated toward studying accounting and/or business, and exploring a business career? (Please attach additional pages if necessary).

Please attach any other comments that would help in the evaluation of this applicant for acceptance in the SOAR Program

Please Print Name _____

Title _____ Date _____

Please Sign Name _____

We appreciate your assistance in completing this form. Please return the form as soon as possible to the student or the SOAR Program by any of the methods listed below. **The student's application will not be complete until this recommendation form or letter of recommendation is received.** Thank you for your assistance.

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