



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



Saluki Opportunities & Awareness Residency

2025 Summer Program
Southern Illinois University
Carbondale, IL

Sunday, July 20, 2025 – Saturday, July 26, 2025

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 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 either accounting, business analytics, finance, management, marketing, economics, hospitality, tourism and event management.

SOAR is a week-long summer camp that informs, and introduces, minority high schools about the expectations of college life and opportunities in accounting, finance 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 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 first-hand through tours of local certified public accounting 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 the business profession, 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 in order 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/or 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 board, books, materials, tools, and mentoring opportunities. The Program will accommodate up to twenty-five (25) students who have an interest in Accounting, Finance, Economics, Event Planning, Management, or Business. Travel assistance may be available on request.



How Can I Participate?



Applications for the **Summer 2025 SIU SOAR Program** will be accepted until **Friday, May 30, 2025**. Applicants will be notified no later than **June 13, 2023**. The summer program will run from **July 20-26, 2025**.

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 Mathematics Coursework 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, FAX OR US MAIL SUBMISSION

Please complete the attached application and return to us at:

Email to: soar@siu.edu

FAX to: 618-453-7961 **Attn: SOAR Program**

Mail to: School of Accountancy
Southern Illinois University
ATTN: SIU SOAR
Rehn Hall, RM 232 - MC 4631
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 Ivan Vargas at soar@siu.edu or call 618-453-7968.



2025 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

High School Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ Ext: _____

Current Completed Grade: _____ Grade Point Average: _____ (Minimum of 2.75)

Name of School Counselor or Business Teacher:

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



2025 SIU SOAR Program

Student Application



STUDENT STATEMENT OF INTEREST

Please write a short essay (at least 150 words) explaining why you want to participate in the SOAR program and how it will help you grow academically and personally. Please attach or upload essay.

MATHEMATICS COURSEWORK

Please list the math classes you have completed or are currently taking in high school. Include the grade level in which you took each class and whether it was an honors or AP course (if applicable).

Grade Level	Math Course	Honors/AP (Yes/No)
Freshman (9 th)		
Sophomore (10 th)		
Junior (11 th)		
Senior (12 th)		

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



2025 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



2025 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 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 July 20 - June 26, 2025. 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: _____



2025 SIU SOAR Program

Student Application



SOAR MEDIA RELEASE FORM

Program Dates: July 20, 2025 – July 26, 2025

_____ 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: _____



2025 SIU SOAR Program

Student Application



2025 RECOMMENDATION FORM

Recommendation #1 - Page 1 of 2

****The applicant is required to submit two (2) recommendations; One (1) from a teacher and one (1) from a counselor, coach, club/group advisor, employer, etc. This form may be used instead of a written recommendation letter.**

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:

____ Outgoing involvement	____ Exhibits Leadership	____ Strong community ties
____ Involved in school activities	____ Overcomes Obstacles	____ Strong willed
____ Balances work & school well	____ Bilingual	____ Responsible
____ Positive influence	____ Role Model	____ Humility



2025 SIU SOAR Program

Student Application



2025 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 directly to 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

FAX to: 618-453-7961 **Attn: SOAR Program**

Mail to: School of Accountancy
Southern Illinois University
ATTN: SIU SOAR
Rehn Hall, RM 232 - MC 4631
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 Ivan Vargas at soar@siu.edu or call 618-453-7968.



2025 SIU SOAR Program

Student Application



2025 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. This form may be used instead of a written recommendation letter.**

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:

____ Outgoing involvement	____ Exhibits Leadership	____ Strong community ties
____ Involved in school activities	____ Overcomes Obstacles	____ Strong willed
____ Balances work & school well	____ Bilingual	____ Responsible
____ Positive influence	____ Role Model	____ Humility



2025 SIU SOAR Program



Student Application

2025 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 directly to 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

FAX to: 618-453-7961 **Attn: SOAR Program**

Mail to: School of Accountancy
Southern Illinois University
ATTN: SIU SOAR
Rehn Hall, RM 232 - MC 4631
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 Ivan Vargas at soar@siu.edu or call 618-453-7968.