

## COLLEGE ESSAY WRITING CLASS

June 20-24, June 27-July 1, July 18-22, July 25-29 or August 1-5 (CHOOSE ONE)  
9:00 am – 12:00 pm, Santa Monica High School

*For Rising 12<sup>th</sup> Grade Students Only*

### Class Description

Get a head start on your college essay – don't stress about your college applications once school starts in the fall! In this workshop you will learn some important tools about personal writing for an academic audience. We will examine the various prompts and then delve into the writing process in order to have a solid working draft by week's end. This is unlike most writing that you've done throughout high school and requires that you depict a clear personal voice. You want this essay to reflect your truest self! Come work in a small group setting with a fun and supportive teacher to discover how to do so!

### About the Teacher

Kyle Koehler has been teaching high school English in California for the past 10 years and taught abroad for two years. His experience has been with 11th and 12th grade AVID college preparatory courses, as well as 9th and 10th grade English. Teaching personal writing, and specifically the college essay, is one of the things he does best. His greatest passion is supporting his students and helping students embark on this academic exploration of self.

### Fees, Payment and Refund Policy

1. \$550 for the one-week class, which includes a \$50 non-refundable registration fee.
2. Credit card fee: There is a 3% fee for credit card charges (total is \$565 if you use credit card).
3. Returned check charges: There is a \$25 fee for any returned check.
4. We accept payment in cash, check, money order and credit card (Visa, MC, Discover, Amex).
5. Payment in full is due at the time of registration and is required in order to complete the student's class enrollment.
6. Refund Policy: All requests for refunds must be made in writing (mail, fax or email) no later than June 10. There are no refunds after June 10, unless the class is cancelled by the Ed Foundation.

### Financial Assistance

For students enrolled in the free or reduced lunch program:

A limited number of scholarships are available. The fee is \$100 for free lunch students and \$200 for reduced lunch students.

Please send a copy of your student's free or reduced lunch eligibility notification letter to [rachel@smedfoundation.org](mailto:rachel@smedfoundation.org). If you do not have your letter, please contact Estella Mata in SMMUSD Food Services to obtain a new copy (<mailto:emata@smmusd.org>, 310-450-8338 x70228).

For students NOT enrolled in the free- and reduced-lunch program:

You can apply for a scholarship by emailing [scholarships@smedfoundation.org](mailto:scholarships@smedfoundation.org). Your application will be reviewed by an independent scholarship committee. You will hear back within two weeks of applying.

**Laptop**

Students will need a laptop (either personal or a Chromebook already provided by SMMUSD).

**Class Size**

The minimum number of students in each class is six students; the maximum number is 10. Once a class is full, a waiting list will be kept and you will be notified if we are able to open another class section. If the Ed Foundation does not reach the minimum number of six students for a session, we will have to cancel that session; we can then move a student to another session if there is room, or if not, families will be refunded.

Registration is not complete until all forms are completed correctly and received with payment in full.

Please keep this portion of the registration form for your records. Complete the following two pages and send them together with payment to:

Mail or walk-in: Santa Monica Education Foundation, 1645 16<sup>th</sup> Street, Santa Monica, CA 90404

Email: [rachel@smedfoundation.org](mailto:rachel@smedfoundation.org)

Fax: 310-450-5959 (attn: Rachel Faulkner)

Questions? Contact Rachel Faulkner at 310-450-8338 x70396 or [rachel@smedfoundation.org](mailto:rachel@smedfoundation.org).

**COLLEGE ESSAY WRITING CLASS 2022  
REGISTRATION FORM**

**June 20-24, June 27-July 1, July 18-22, July 25-29 or August 1-5**

Student's Last Name:	Student's First Name:	Student's Date of Birth:
Street Address:		
City:	State:	Zip Code:
Parent #1/Guardian's Name:	Primary Phone:	Email:
Parent #2/Guardian's Name:	Primary Phone:	Email:
Current School:		Grade in August 2022:

**My child will attend (check one):**

June 20-24 (9am-12pm):_____	June 20-24 (1pm-4pm):_____	June 27-July1 (9am-12pm):_____
July18-22 (9am-12pm):_____	July 25-29 (9am-12pm):_____	July 25-29 (1pm-4pm):_____
August 1-5 (9am12pm):_____	August 1-5(1pm-4pm):_____	

**Acknowledgements**

We have read and understand all the policies outlined previously and agree to follow them fully. By typing your name below, we consider this your electronic signature.	
Student Signature:_____	Date:_____
Parent Signature:_____	Date:_____

Payment Information: Registration is on a first-come, first-served basis. Please read carefully the information in the FEES section on the first page.

\_\_\_\_\_ Enclosed is my check or money order (payable to Santa Monica Education Foundation) for \$550.

\_\_\_\_\_ Please charge my credit card (\$550, \$200 or \$100 plus 3% credit card charge).

\_\_\_\_\_ VISA    \_\_\_\_\_ MC    \_\_\_\_\_ AMEX

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CVV \_\_\_\_\_

Names as it appears on card: \_\_\_\_\_

Billing address if different from above: \_\_\_\_\_

\_\_\_\_\_ I want to help sponsor a scholarship student. My donation is included in the enclosed check or you may charge an additional \$\_\_\_\_\_ to the above account.

\_\_\_\_\_ Student qualifies for the SMMUSD free-lunch program. My \$100 fee payment is enclosed.

\_\_\_\_\_ Student qualifies for the SMMUSD reduced-lunch program. My \$200 fee payment is enclosed.

\_\_\_\_\_ Student is not enrolled in the free or reduced-lunch program. I am applying for a scholarship.

**COLLEGE ESSAY WRITING CLASS  
REGISTRATION FORM, cont'd.**

When parent(s) or guardian(s) cannot be reached, the office should contact and may release my child to:

- |    |       |              |
|----|-------|--------------|
| 1. | <hr/> | <hr/>        |
|    | Name  | Relationship |
|    |       | Phone number |
| 2. | <hr/> | <hr/>        |
|    | Name  | Relationship |
|    |       | Phone number |

List below any medications currently being taken by student and when:

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**PARENT'S APPROVAL AND STUDENT WAIVER**

\_\_\_\_\_ has my (our) permission to participate in the College Essay Writing  
Name of student  
Class, sponsored by the Santa Monica Education Foundation ("SMEF"), running online from June 20-24, June 27-July 1, July 18-22, July 25-29 or August 1-5. In consideration of my child's participation in the College Essay Writing Class, I assume all risks in connection with my child's participation in this class and agree to indemnify and hold harmless each of the SMEF and the Santa Monica-Malibu Unified School District ("SMMUSD") from any claims and liabilities arising out of my child's participation in the College Essay Writing Class.

I hereby forever waive, release, and discharge SMEF and SMMUSD and any or all of their directors, officers, members, trustees, agents, employees, volunteers, any and all participants, owners, lessors and operators of the premises, and each of them, from all liability, claims, causes of action, demands for any damage, losses or injury to the student, the student's property, or parent's property of any kind or nature (collectively "liability"), arising out of participation in, or attendance at, the College Essay Writing Class, and/or the employees of said organizations, including but not limited to losses caused by the passive or active negligence of SMEF and SMMUSD, and/or the employees of said organizations; provided, however, this waiver, release and discharge shall not apply to liability that arises from the gross negligence or willful misconduct of SMEF or SMMUSD.

I do hereby certify that to the best of my knowledge and belief my child is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that the above-named child has had the following allergies or medicine reaction(s) which could limit participation, or unusual physical condition(s) which have been made known to a treating physician and may limit participation. Please make sure to include food allergies. **If your child has no allergies, please write the word "NONE."**

Additionally, I give the Ed Foundation staff permission to photograph my child during the summer activities for publicity use (promotional materials and website) only by the Santa Monica Education Foundation and SMMUSD. \_\_\_\_ Yes \_\_\_\_ No

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Signature of Parent or Guardian

Date