

MATH-SCIENCE-COMPUTER CAMP APPLICATION FORM

Pre-College Programs, St. Cloud State University
Telephone: (320) 308-2553 Fax: (320) 308-2554

To request a place at the Math-Science-Computer Camp, return the completed application form by **the deadline**. Upon acceptance, you will be sent additional information about the camp. **This program is contingent on availability of funds.**

Name: _____
Last First Middle Initial

Permanent Home Address: _____

City: _____ County: _____ State: _____ Zip: _____ Country: _____
(If MN resident only) (If other than the USA)

Phone: (_____) _____ Date of Birth: _____ Age of Student: _____

School: _____ Current Grade (as of this school year) _____

Sex: Female _____ Male _____ Student's Social Security Number: _____

Mother's/Legal Guardian's Name: _____ Business Phone: (_____) _____

Father's/Legal Guardian's Name: _____ Business Phone: (_____) _____

Email address: _____

Mother's/Legal Guardian's Cell Phone: _____ Father's/Legal Guardian's Cell Phone: _____

Ethnicity: Please check the category that you use to identify your ethnic heritage:

AFRICAN-AMERICAN

AFRICAN
(Please identify country of origin)

AMERICAN INDIAN

WHITE

ASIAN

- Cambodian
 Chinese-American
 Hmong
 Korean-American
 Laotian
 Vietnamese-American
 Other (Please list)

LATINO/HISPANIC

- Mexican-American
 Puerto Rican
 Central American
 South American
 Other (Please list)

**MULTIRACIAL
BIRACIAL**

- Black-White
 Am.Indian-White
 Latino-White
 Asian-White
 Black-Indian
 Latino-Indian
 Other (Please list)

Please list your (student's) interests and hobbies:

Why do you want to attend the Math-Science-Computer Camp? _____

What is your previous experience with computers, science, and math? Have you been involved in other science or math programs? _____

PARENT'S/LEGAL GUARDIAN'S FORM:

To be completed by the applicant's parent or legal guardian.

I consent to my child's participation in the summer camp.

I am willing to let my child participate in weekend and after-school math, science, and computer programs as part of the follow-up activities. I am willing to receive information about educational requirements and opportunities in math and science fields for students of color and female students as a part of the follow-up activities of this program.

I give permission to have my child's grades (transcript) released to the Pre-College Programs at St. Cloud State University (SCSU) to document academic progress and program effectiveness.

I give permission to use my child's photograph, video image or other likenesses of my child for publication purposes including, but not limited to, publicity, marketing, on-line instruction, research and promotion of SCSU and its various programs.

I understand that my child's violation of the camp rules can lead to his or her termination from the program. If my child is asked to leave because of disciplinary reasons, I agree to pick up the child or make arrangements for the child's transportation from SCSU to his/her home.

SUMMER CAMP RULES FOR STUDENTS:

1. Will attend all scheduled events, activities, and classes.
2. Will be respectful toward adults and fellow students.
3. Will be responsible in terms of assignments and activities.
4. Will be responsible in the use of the Internet.
5. Will not engage in conduct that is harmful to others, the university or other property.
6. Will not engage in smoking, alcohol, or drug consumption.

PARENTS/LEGAL GUARDIANS, PLEASE NOTE THAT THIS PROGRAM IS NOT DESIGNED TO HANDLE DISCIPLINARY PROBLEMS, AND STUDENTS WHO DISRUPT THE PROGRAM OR WHO VIOLATE RULES WILL BE ASKED TO LEAVE.

Total Family Income: Please check the appropriate category. (Please be accurate in reporting income; to receive federal funding we have to report accurate information on students.) If applying for financial assistance, you will be required to verify this information; please see next page.

- | | | |
|--|--|---|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$25,001-\$30,000 | <input type="checkbox"/> \$45,001-\$50,000 |
| <input type="checkbox"/> \$10,001-\$15,000 | <input type="checkbox"/> \$30,001-\$35,000 | <input type="checkbox"/> \$50,001-\$75,000 |
| <input type="checkbox"/> \$15,001-\$20,000 | <input type="checkbox"/> \$35,001-\$40,000 | <input type="checkbox"/> \$75,001-\$100,000 |
| <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$40,001-\$45,000 | <input type="checkbox"/> Over \$100,000 |

Is your family eligible for Free or Reduced lunches: Yes No

If, yes include with your application documentation verifying eligibility such as: Qualification/ eligibility letter from school or most current tax return or other documentation that verifies you meet the criteria for the free or reduced lunch program.

To be signed by parent/guardian and student:

Parent's/Guardian's Signature

Date

Student's Signature

Date

MEDICAL RELEASE

I authorize a physician or medical staff to carry out the necessary treatment, or the program staff to take my child (name of student) _____ to the emergency room of the nearest hospital for treatment, in the event that my child should require medical attention. I further authorize the hospital and its medical staff to provide treatment deemed necessary for his/her well-being. I further agree to pay all costs for any treatment provided. (In addition to this release, parents/guardians of accepted children will be asked to complete a form for the St. Cloud Hospital granting permission to provide emergency care).

1. Does your child have any health conditions or special circumstances about which we ought to know?
Yes No If yes, please list and explain the health conditions or special circumstances that your child has.

2. Does your child have any behavioral or disciplinary problems? Yes No
If yes please explain: _____

3. Name of Insurance Coverage: _____

Policy #/MA #: _____ Group #: _____

4. Name of Policy holder: _____

Social Security Number of Policy holder: _____

5. Who is to be notified in case of an accident or medical emergency?

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): Home: _____ Work: _____

Cellular Phone: _____ Email address: _____

Emergency contact if unable to reach parent/guardian:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): Home: _____ Work: _____

Cellular Phone: _____ Email address: _____

Signature of Parent/Guardian

Today's Date (mo/day/yr)

COST AND FINANCIAL AID

Application fee for all participants is \$10 and non-refundable. Camp costs will be determined on a sliding fee scale; a copy of the current tax return (Form 1040 U.S. Individual Income Tax Return), which shows the adjusted gross income figure, must be submitted for income verification. Financial assistance will be available if tax return is received. The majority of students' fees are subsidized by the programs' sponsors and some students may qualify for Minnesota scholarships as well. We request that families pay the cost of room and board, \$300, if they can. The actual cost per student for this program is \$1,000 but most fees range from \$0 to \$300 per student after scholarship.

If your family is not able to pay this full amount and you would like financial assistance, please complete the section below. Upon acceptance, you will be informed of the cost.

We can pay:

- \$1,000
- \$300
- Base our fee on our income.

For financial aid consideration, please submit the following:

1. A copy of the parent/legal guardian's current tax return (Form 1040 U.S. Individual Income Tax Return), which documents the adjusted gross income, **must be attached to this application form**. If a student's parents are divorced or separated at the time of application, a copy of the current tax return (Form 1040 U.S. Individual Income Tax Return) for the parent who claims the student as a dependent **must** be attached to the application.
2. Number of children living in your household during the tax year. _____ (Include children being claimed on tax forms of another parent.)
3. If you were not required to file a Federal Income Tax Return, explain why you were not required to do so. (Use a separate sheet of paper if needed). Please send documentation to verify this information.

Please:

- Check that all answers are complete and accurate.
- **Sign in all requested places.** Failure to do so will delay the processing of this application.
- Attach a copy of your current **tax return** (Form 1040 U.S. Individual Income Tax Return), or other income verification, if reduced fee is requested.
- **Enclose \$10 processing fee. Make checks payable to SCSU.**

Mail applications to:

**Pre-College Programs
Math-Science-Computer Camp
St. Cloud State University
720 Fourth Avenue South
St. Cloud, MN 56301-4498**

Where did you learn about the
Math-Science-Computer Camps?

- _____ School
- _____ Relatives
- _____ Friends
- _____ MMEP
- _____ Other