

**2017 Summer Experience in Science and Engineering for Youth  
July 16 – 21, 2017**

**Application DUE DATE: May 15, 2017 (postmark)**

**Application Form – part 1 or 2**

*Please type or print clearly with black ink*

**APPLICATION REQUIREMENTS**

1) Completed application (below).

2) **Handwritten 1-2page Essay (VERY IMPORTANT)** - Information about yourself (activities and interests), your family, and **WHY you want to attend SESEY.**

3) High School Transcript (unofficial is OK)

Please visit <http://cbee.oregonstate.edu/sesey> for more information.

**Today's Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**High School** \_\_\_\_\_

**Social Security # (optional)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex** M or F

**Ethnicity:** Latino African-American Native American Asian Other (specify) \_\_\_\_\_

**Grade (current)** \_\_\_\_\_ **Tuition assistance required?** No Yes ( 1/2 or Full )

**Email address (required)**

\_\_\_\_\_  
**\*\*\*\*NOTE: This is the method that will be used to contact applicants of their selection.\*\*\*\***

**Name of Parent/Guardian** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work (Cell) Phone** \_\_\_\_\_

**Emergency Name (friend, relative)** \_\_\_\_\_

**Emergency Phone** \_\_\_\_\_

**Favorite Subjects and Extracurricular activities (sports, clubs, hobbies, etc.):**

**Signature of Student** \_\_\_\_\_

# 2017 Summer Experience in Science and Engineering for Youth

## Application Form – part 2 of 2

*Please type or print clearly with black ink*

### To Be Completed by Parent or Guardian

#### Permission to participate in the Summer Experience in Science and Engineering for Youth

**Please complete and sign ALL THREE SECTIONS below. Must be signed by a parent or legal guardian**

1. I give permission for \_\_\_\_\_ to participate in the summer science and engineering camp **Summer Experience in Science and Engineering for Youth (SESEY)**.

**Signature of Parent or Guardian** \_\_\_\_\_

2. Pictures are often taken during the activities. Circle yes/no and sign below to give the program permission to use your student's picture(s) for publicity. **YES or NO**

**Signature of Parent or Guardian** \_\_\_\_\_

3. If my student becomes ill or injured when away from home during the program activities, you have my permission to seek medical treatment for him/her. I understand I will be contacted immediately if medical treatment is necessary.

List any known health concerns, such as allergies or allergic reactions to medications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company

Identification/Group

Insured Person's Name

**Signature of Parent or Guardian** \_\_\_\_\_

**DATE:** \_\_\_\_\_