

**2018 Summer Experience in Science and Engineering for Youth
July 15 – 20, 2018**

Application DUE DATE: May 18, 2018 (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 _____

Hometown (City and State) _____

High School _____

Grade (2017-18 academic year) _____ **Cell (optional)** _____

Date of Birth _____ **Gender** M or F (for housing room assignments)

Ethnicity: Hispanic/Latinx Black/African-American American Indian/Alaska Native Asian White
Native Hawaiian/Pacific Islander Other (specify) _____

Special needs (specify) _____

Tuition assistance required? No Yes (½ or Full)

Email address (required) _____

******NOTE: email 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** _____

Contact email address _____

Emergency Name (friend, relative) _____

Emergency Phone _____

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

Signature of Student _____

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Application Form – part 2 of 2

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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, dietary restrictions

Health Insurance Company	Identification/Group	Insured Person's Name
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Signature of Parent or Guardian _____

DATE: _____