

# 2018 Summer Experience in Science and Engineering for Youth

July 15 – 20, 2018

Application DUE DATE: May 18, 2018 (postmark)

## Application Form – part 1 of 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/sesity> 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 \_\_\_\_\_

# 2018 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.

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

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