

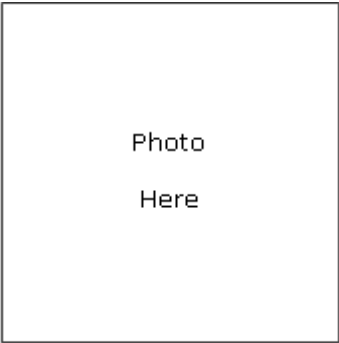


Biomedical Science Summer Camp (BSSC)

For Rising High School Freshmen through Rising Seniors
June 16-21, 2019 or June 23-28, 2019

APPLICATION

Early Application Deadline April 30, 2019



NOTE: Orientation and check-in is on Sunday. Location TBA.

BSSC is a one week, residential summer camp aimed to enhance skills in math, science, technology and critical thinking for high school rising freshman through rising seniors. Housing and meals will be provided to participants. **CAMPERS MUST COMMIT TO THE SATISFACTORY COMPLETION OF ALL COMPONENTS OF THE CAMP.** A \$50 deposit is required with application AND the remaining fees (see payment deadlines) are due upon acceptance into the program.

Instructions: Answer all questions. Indicate "N/A" if question does NOT apply.

Camp Attendance Date: _____

Camper's Name: _____ D.O.B. _____ Gender _____

School: _____ Current Grade: _____ GPA: _____

Home Address: _____ City _____ State _____ Zip _____

Parent / Legal Guardian: _____ Relationship _____

Home Phone: () _____ Daytime Phone: () _____ Cell Phone: () _____

Email Address: _____

Parent / Legal Guardian: _____ Relationship _____

Home Phone: () _____ Daytime Phone: () _____ Cell Phone: () _____

Email Address: _____

In case of emergency, please list three additional contacts if the parents/guardians cannot be reached. Please do not list parents/guardians listed above:

Emergency Contact: _____

Relationship to Child: _____ Phone: () _____

Emergency Contact: _____

Relationship to Child: _____ Phone: () _____

Allergies / Medical Concerns / Medications (attach additional information if needed): _____

Health Care Provider: _____ Phone: () _____


CAMPER: Briefly describe why you would like to participate in the Biomedical Science Summer Camp.

Please review the following and check, sign and date below to indicate your permission:

Medical Release and Release of Liability: I authorize the staff and volunteers of the 2016 BSSC to provide basic first aid or to call additional medical care on my child’s behalf in the event of an emergency if I cannot be reached. I further agree to release the BSSC and their staff and volunteers from any liability connected with my child’s participation in the 2016 summer camp.

Camp Walking Field Trips: I authorize the staff and volunteers of the BSSC to take my child on walking field trips during his/her participation in the summer camp. This release is effective for the dates of the camp.

Photo Release: I authorize the BSSC staff members to take photographs and / or videos of my child while participating in camp. I understand that BSSC may use these photographs and videos for internal and external purposes including (but not limited to) press releases, websites, and publications.

Application Checklist	Payment Options
<ul style="list-style-type: none"> • Submit completed application along with \$50 non-refundable deposit • Academic Transcript • 2 Appraisal Forms Completed by Teachers <div style="text-align: center;">  <p>PAYMENT DEADLINES EARLY DEADLINE (by April 30, 2019): \$300 REGULAR DEADLINE: May 1-31, 2019: \$350 LATE DEADLINE: June 1-14, 2019: \$375</p> <p>*Special Discount for 2 family participants: \$450 anytime</p> </div>	<p>(1) Payments by phone to a debit or credit card. Call the FSU Business Office at (910) 672-1036 or (910) 672-2606 to make payments to the Biomedical Science Summer Camp: Account number: 201497-51318-22741-A101. Email application and receipt to nswalcott@uncfsu.edu and jraynor@uncfsu.edu</p> <p>OR (2) Payment by mail to: FSU Biomedical Science Summer Camp Department of Biological Sciences 1200 Murchison Road Fayetteville, NC 28301 (910) 672-1081</p>

Parent/Guardian Signature: _____

Date: _____



Appraisal Form

Directions: The student listed below has applied to participate in an intensive, one-week, residential science enrichment program at Fayetteville State University. Please provide your honest assessment of the student's potential to succeed in the Biomedical Science Summer Camp.

Camper's Name: _____ Grade _____

- How long have you known the applicant? _____ In what capacity? _____
- How would you rank the applicant's overall potential to excel in an environment with high academic expectations and productivity in comparison to other students you have taught of the same grade level?
Top 5% _____ Top 10% _____ Top 25% _____ Average _____ Below Average _____
- Please rank the applicant on the following characteristics relative to his/her peers:

Characteristic	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	N/A
Intellectual Ability						
Verbal and Communications Skills						
Emotional Stability						
Maturity/ Judgment						
Self-Confidence						
Attendance/Punctuality						
Cooperative Attitude						
Motivation/ Perseverance						
Interpersonal Skills						
Response to Criticisms						
Scientific Curious/ Adventurous						
Leadership						
Creative/ Innovation						

4. Please provide any additional comments you may have: _____

5. Name of Recommender (Print or Type) _____

Title _____ Department _____ School _____

Address _____

City/State/Zip _____

Email _____ Contact # _____

Signature _____ Date _____