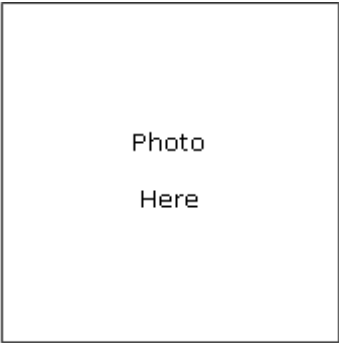




# Biomedical Science Summer Camp (BSSC)

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 are provided to participants. **CAMPERS MUST COMMIT TO THE SATISFACTORY COMPLETION OF ALL COMPONENTS OF THE CAMP.** FEES: A \$50 non-refundable deposit is required with applications 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.

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 two 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/ disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 camp 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 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 Check List	Payment Options
<ul style="list-style-type: none"><li>• <b>Submit completed application along with \$50 non-refundable deposit</b></li><li>• <b>Academic Transcript</b></li><li>• <b>2 Appraisal Forms Completed by Teachers</b></li></ul>  <p style="text-align: center;"><b>PAYMENT DEADLINES</b></p> <p><b>EARLY DEADLINE</b> (by April 30, 2019): \$300 <b>REGULAR DEADLINE:</b> May 1-May 31, 2019: \$350 <b>LATE DEADLINE:</b> June 1-14, 2019: \$375</p> <p><b>*Special Discount for 2 family participants: \$450 anytime</b></p>	<p>(1) Payments by phone to a debit or credit card. Call the FSU Business Office at <a href="tel:9106721036">(910) 672-1036</a> or <a href="tel:9106722606">(910) 672-2606</a> to make payments to the Biomedical Science Summer Camp: Account number: 201497-51318-23410-A101. Email application and receipt to: <a href="mailto:nswalcott@uncfsu.edu">nswalcott@uncfsu.edu</a> and <a href="mailto:Jraynor@uncfsu.edu">Jraynor@uncfsu.edu</a></p> <p>OR (2) Payment by mail to:</p> <p><b>FSU Biomedical Science Summer Camp</b> <b>Department of Biological Sciences</b> <b>1200 Murchison Road</b> <b>Fayetteville, NC 28301</b> <b>(910) 672-1081</b></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 \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. 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 \_\_\_\_\_
3. 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 \_\_\_\_\_