

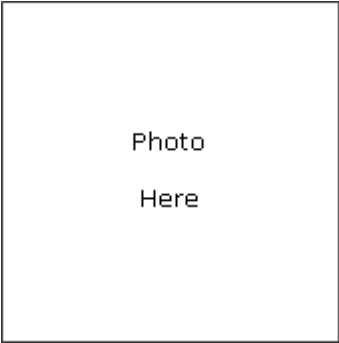


# Math and BioScience Summer Camp

For Middle School Students

(Rising 6<sup>th</sup> thru 8<sup>th</sup> grades)

June 22-26, 2020



## APPLICATION

**NOTE:** Orientation is on Sunday, June 21 at 3:00 pm. Location TBA.

The Math and BioScience Summer Camp (MBSSC) is a one week, non-residential, summer camp aimed to enhance skills in math, science, technology and critical thinking of rising middle school students (rising 6<sup>th</sup> thru 8<sup>th</sup> graders). *Top camp performers will receive small monetary awards.*

**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 (including ADHD): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_


**CAMPER: Briefly describe why you would like to participate in the Math and BioScience 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 statement of interest</b></li> <li>• <b>A min of \$100 deposit</b></li> <li>• <b>1 Appraisal Form completed by parent</b></li> </ul>  <p><b>2020 PAYMENT DEADLINES</b>  <b>\$300 EARLY DEADLINE:</b> Before April 30  <b>\$350 REGULAR DEADLINE:</b> May 1-29  <b>\$400 LATE DEADLINE:</b> June 1-21</p> <p><b>*Special Discount for 2 family participants: \$500 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:grosagonzalez@uncfsu.edu">grosagonzalez@uncfsu.edu</a> and <a href="mailto:Jraynor@uncfsu.edu">Jraynor@uncfsu.edu</a>                      OR (2) Payment by mail to:</p> <p><b>FSU Math and BioScience Summer Camp                      Department of Biological and Forensic Sciences                      1200 Murchison Road                      Fayetteville, NC 28301                      (910) 672-1081</b></p>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Appraisal Form

Directions: Parents, please complete an Appraisal of the student participating in the intensive, one-week, math and science enrichment program at Fayetteville State University. Please provide your honest assessment of the student's potential.

Camper's Name: \_\_\_\_\_ Grade \_\_\_\_\_

1. Check below how you rank the applicant's overall potential to excel in an environment with high academic expectations and productivity?

<b>Excellent</b> 5	<b>Good</b> 4	<b>Average</b> 3	<b>Fair</b> 2	<b>Poorly</b> 1	<b>Not sure</b> 0
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2. Please rank the applicant on the following characteristics:

Characteristic	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	N/S 0
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						

3. Does the child have any special gifts or talents? If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What is the camper's T-shirt size?

<b>X-Large</b>	<b>Large</b>	<b>Medium</b>	<b>Small</b>	<b>X-small</b>	<b>Other</b>
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5. Name of Appraiser (Print or Type) \_\_\_\_\_

Email \_\_\_\_\_ Contact # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_