SOUTHERN·CMPS

Dept. of Computer Science
P.O. Box 9221
Baton Rouge, LA 70813

ROBOTICS CAMP
APPLICATION

PLEASE READ THIS APPLICATION CAREFULLY — there is a lot of information and we cannot consider incomplete or late applications.

CAMP INFORMATION

DATES

HIGH SCHOOL STUDENTS ONLY	JUNE 3 - 14, 2019

COSTS & FEES

	$10.00 non-refundable Application Fee due at time of acceptance
	$250.00 for two-week camp (Payable by Money Order Only)

**Make Money Order payable to SU System Foundation
**Memo: Computer Science Department

SCHOLARSHIP APPLICATION

	1 Letter of Recommendation from High School Guidance Counselor
	Proof of Income (Attach copy of 2018 W2)
	Is your child eligible for Free and reduced lunch? **If yes, please attach reduced lunch letter. ☐ YES ☐ NO

MAIL APPLICATION INFORMATION TO:

Southern University Dept. of Computer Science
Attn: Dr. Marilyn Antoine
E105 Henry Thurman, Jr. Hall
P.O. Box 9221
Baton Rouge, LA 70813

Or email scanned application to **marilyn_antoine@subr.edu

DEADLINE

May 15, 2019 @ 11:59PM CST

DEADLINE

Selected students will be notified by May 25, 2019 and fees will be due by June 1, 2019.

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STUDENT & PARENT GUARDIAN INFORMATION

Student:Last Name: _____   First Name: _____

Date Of Birth: _____   Gender: _____   Grade Level: _____   GPA: _____

Address (Street, City, State, Zip): _____

Guardian:Last Name: _____   First Name: _____

Relationship to Student: _____   Email: _____

Guardian: Home Number: _____   Cell Number: _____

SCHOOL INFORMATION

School Name: _____   Counselor Name: _____

Counselor's Email: _____   Counselor's Phone: _____

EMERGENCY INFORMATION

Emergency Contact: _____

Phone Number: _____   Relation to Student: _____

Does student have any health concerns/allergies: Yes: ☐   No: ☐

If yes, please explain here: _____

_____

FOR REPORTING PURPOSES ONLY

Gender: ☐ Male   ☐ Female   Ethnicity: ☐ Hispanic or Latino   ☐ Non-Hispanic or Latino

Race (Select one or more):

☐ Black or African-American   ☐ American Indian or Native American   ☐ Asian
☐ Other   ☐ Native Hawaiian or other Pacific Islander   ☐ White

Disability Status

☐ Hearing Impairment   ☐ Mobile/Other Impairment   ☐ Visual Impairment
☐ Other   ☐ None

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CONSENT/MEDICAL RELEASE

Informed Consent and Acknowledgment:

My Child, _____ , has permission to participate in the Robotics and Sensors Summer Camp Program and attend off-campus field trips in the department of Computer Science on Southern University Campus in Baton Rouge, LA.

Parent/Guardian Signature: _____

Medical Release Authorization:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

I understand that Southern University and its Robotics Summer-Camp will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent/Guardian Signature: _____

Health Insurance Information:

Policy Number: _____   **Provider Name:** _____

Physician Name/Address: _____

Phone Number: _____   **Hospital Preferences:** _____

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PHOTO/VIDEO RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby grant Southern University permission to use my likeness in a photograph in any and all of its publications, including but not limited to all of Southern University's printed and digital publications. I understand and agree that any photograph using my child's likeness will become property of Southern University and will not be returned. I acknowledge that since my participation is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize Southern University to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Southern University's programs or for any other related lawful purpose. I hereby hold harmless and release and forever discharge Southern University from all claims, demands, and causes of action which I, my parents/legal guardian, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have reason of this authorization.

Parent/Guardian Signature: _____