HOW TO APPLY

Submit completed application to:

EMAIL: lreal@fau.edu
FAX: 561-409-9031

MAIL/IN-PERSON:
777 GLADES ROAD (SE 308)
ATTN: SUMMER SCIENCE INSTITUTE
FLORIDA ATLANTIC UNIVERSITY
BOCA RATON, FL 33431

APPLICATION CHECKLIST

✓ Completed Application
✓ Signed Waiver and Release
✓ $50 non-refundable application fee paid online via credit card at https://epay.fau.edu/C20081_ustores/web/store_cat.jsp?STOREID=18&CATID=69 or check (made payable to Florida Atlantic University)
SUMMER SCIENCE INSTITUTE
Fostering American Innovation
A S.T.E.M. INITIATIVE
2016 APPLICATION

Student Name_____________________________ Gender: __________
Ethnicity: ____________________________________________________
Address _______________________________________________________
City __________________ Zip code _____________________________
Home phone ___________________ Cell phone ______________________
Email _____________________________
Date of Birth: __________________________
Student's current age __________
Student's grade in school as of August 2016 ______________________
Student's school as of August 2016______________________________

Parent/Guardian name________________________________________
Relationship to student: _______________________________________
Address _______________________________________________________
City __________________ Zip code _____________________________
Home phone ___________________ Work phone_____________________
Cell phone _____________________________
Email _____________________________
Parent/Guardian name______________________________________________
Relationship to student: ____________________________________________
Address _______________________________________________________________________
City ___________________________ Zip code _______________________
Home phone ____________________ Work phone _________________________
Cell phone ________________________
Email ________________________________________________________________

How did you hear about us? ____________________________________________

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AGES 11-13 (Middle School)
__June 13-July 8 (9:00 am – 2:00 pm, M-F)
__July 11-August 5 (9:00 am – 2:00 pm, M-F)

AGES 14-17 (High School)
__June 13-July 8 (9:00 am – 2:00 pm, M-F)
__July 11-August 5 (9:00 am – 2:00 pm, M-F)

T-SHIRT

Adult XL _______ Adult L _______ Adult M ________ Adult S _________

ESSAY

Please attach a separate sheet with an essay, at least 250 words, stating:

1. What areas of science interest you the most and why?
2. What are you hoping to accomplish if admitted into the FAU Summer Science Institute?
PHOTO PERMISSION

Photographs will be taken during the INSTITUTE for possible publicity purposes. Please indicate your permission for your child to be photographed.

Signature

PICK UP AND DROP OFF

All students may ONLY be picked up by the person(s) authorized by the registering parent/guardian. Drop off starts at 8:45 AM in the Biomedical Building south drop off loop (near the administration building). Pick up is at 2:00 PM in the same place. Please be on time when dropping off and picking up your child. A fee will be assessed for late pick-up.

Adults to whom student will be released (PRINT):
Name__________________________ Phone ____________________
Relationship to student: ________________________________
Name__________________________ Phone ____________________
Relationship to student: ________________________________
Name__________________________ Phone ____________________
Relationship to student: ________________________________

State Issued ID required for pick-up

Please sign below if your child will be driving himself/herself to and from FAU. A parking permit is required from FAU Traffic and Parking.


__________________________  __________________
Parent/Guardian Signature  Date
Please sign below if you give permission for your child to sign in and out on their own without parent/guardian (only for students ages 14 and up).

_________________________  ___________________________
Parent/Guardian Signature  Date

MEDICAL INFORMATION (CONFIDENTIAL)

Student's Name _______________________________________________
Parent/Guardian Name ___________________________________________
Medications student is taking: (Institute staff will not administer medication)

______________________________________________________________

Reason for medication: _________________________________________
Allergies _______________________________________________________
Physical Limitations _____________________________________________
Physician Name and Number: ________________________________
Health Insurance Name _________________________________________
ID Number: __________________ Group Number: __________________
Other relevant medical conditions __________________________________

Please attach a separate sheet if needed.
EMERGENCY CONTACT INFORMATION

Name: ______________________________________________________

Relationship to participant: __________________________________

Address, City, State, Zip: ____________________________________

Emergency phone#: _________________________________________

Name: ______________________________________________________

Relationship to participant: __________________________________

Address, City, State, Zip: ____________________________________

Emergency phone#: _________________________________________
I do hereby release, acquit, hold harmless, and forever discharge the state of Florida, the Florida Board of Governors, the Florida Atlantic University Board of Trustees, and their respective officers, directors, employees, representatives, agents and volunteers of and from all actions, liability and responsibility, whatsoever, however caused, for any and all loss, illness, personal injury, death or property damage sustained by my child as a consequence of his/her participation in the Florida Atlantic University Summer Science Institute.

The undersigned parent(s) or legal guardian(s) of the above named child hereby consents and grants permission to Florida Atlantic University, and its Summer Science Institute, in case of injury or illness, to administer first aid or to have a health professional provide medical assistance and/or treatment for the above-named child. I understand that in case of an emergency, 911 will be called. I authorize Emergency Medical Services (EMS) to administer any medical treatment, medication, or appliance deemed necessary by EMS. I also authorize transportation by EMS to the nearest appropriate medical facility, if determined necessary. I understand that I will be responsible for payment of all EMS, hospital, and physician charges for emergency services to the above-named child.

I ________________________________ have read and understand the foregoing document and do freely accept its terms.

Parent/Guardian Signature ________________________________ Date ___________
Tuition

- $875 for a 4 week session June 13 – July 8, 2016 or July 11 – August 5, 2016 from 9:00am to 2:00pm, M-F.
- Enrollment in this program is highly competitive and we recommend applying early. An application must be submitted with the non-refundable $50 application fee. Email notification of acceptance will be sent and a deposit must be submitted within two (2) weeks.
- All fees, in full, are due by May 16, 2016.

Refund Policy

- There is a $50 non-refundable application fee.
- Upon acceptance, there is a $400 non-refundable deposit that applies towards tuition.
- Any registration cancellations must be made a minimum of four (4) weeks prior to the first day of any registered session.
- If your child is asked to leave the Institute for disciplinary reasons, you will not receive a refund or credit.
- If full payment is not received by May 16, 2016, your registration will be cancelled.

Attire

Students should wear comfortable clothing and shoes. The T-shirts provided must be worn daily. Additional T-shirts may be purchased for $10 through the Continuing Education Office.

Lunch

Lunch is provided daily for all students at the University Cafeteria.
What to Bring

- Snacks and water
- Sunscreen
- Umbrella
- Backpack
- Notebook
- Pens/pencils
- Calculator

Activities

During the four weeks of the Summer Science Institute, your child will be learning about marine science, environmental science, geology, physics, genetics, molecular biology and biotechnology, astronomy and more! Students will have the opportunity to participate in hands on experiments and activities.

Supervision

The Summer Science Institute maintains a student-to-instructor ratio of 12 or better at all times. All staff are fingerprinted and receive risk management training and must pass a criminal background check prior to the start of the Summer Science Institute.

Contact Information

For more information or to contact the institute coordinator during operating hours please call: 561-409-9031 or email lreal@fau.edu

Please make sure you notify us if your child will not be coming one day for any reason or if you are running late or have another issue with getting your child here on time.

Student Code of Conduct

For the official FAU student code of conduct, please go online to: