



National Science Foundation
WHERE DISCOVERIES BEGIN



FLY HIGH
Summer Camp: June 10 – 14, 2019
STUDENT APPLICATION

1. Name _____ 2. Birthdate _____
First Middle Last Mo/Day/Year

3. School Name: _____

4. Address _____

City _____ State _____ Zip Code _____

5. Contact Phone Number (____) _____ - _____

6. Age _____ 7. Grade _____ 8. Gender: M F Do not wish to specify (circle one)

9. Ethnicity: African- American Caucasian Hispanic Asian

Pacific Islander Other (specify): _____

10. Test Scores: ACT _____ SAT: V _____ Q _____ 10. GPA _____

11. Adult T-Shirt Size S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

12. Do you plan to attend college? Yes _____ No _____

13. If yes to question 12, where will you apply? _____

14. What is your intended major? _____ Not Sure ____

15. What is your intended career? _____

Not Sure _____

16. What math or *science* courses have you taken so far in school?

Please circle all you have completed, or will have completed this year.

Math Physics Physical Science Environmental Science

Other _____

17. Why are you interested in participating in this summer camp?

18. Have you participated in any other math, science, or engineering special programs or summer camps? Yes _____ No _____

Please describe, if yes _____

19. Do you have any experience with flight simulator software? No ____ Yes ____

Please describe, if yes.

20. Special Needs or Medical Conditions: (check on the line):

___ Hearing impaired ___ Visually impaired ___ Learning disability

___ Special Diet ___ Physical disability ___ Prosthesis

___ Other:

Explain _____

21. Do you have any allergies? (Example food, drugs, latex, clothing materials, etc.) Please list.

22. Name of Parent/Guardian _____

23. Address of Parent/Guardian _____

24. Phone No. of Parent/Guardian_Home: () _____

Cell: () _____ Work: () _____

25. Name and Phone Number of Emergency Contact Person

Name _____ Phone _____

I give permission for my son/daughter to participate in the summer program at Tuskegee University entitled "Fly High Your Math and Science Skills"

Parent/Guardian Name _____
(please print)

Parent/Guardian Signature _____ Date _____

Student: I agree to abide Tuskegee University policies/procedures regarding appropriate behavior, and understand that if I do not comply with such policies, that I will be removed from this program.

Student Signature _____

Date _____

PLEASE RETURN COMPLETED FORM AND OTHER MATERIALS by **March 29, 2019 To**

Ms. Susie Stenson: sstenson@tuskegee.edu

Phone#: 334-724-4386

Fax#: 334-724-4587

Or by mail to: Ms. Susie Stenson, 1200 W Montgomery Rd.

330 Chappie James, Tuskegee University,

Tuskegee AL 36088