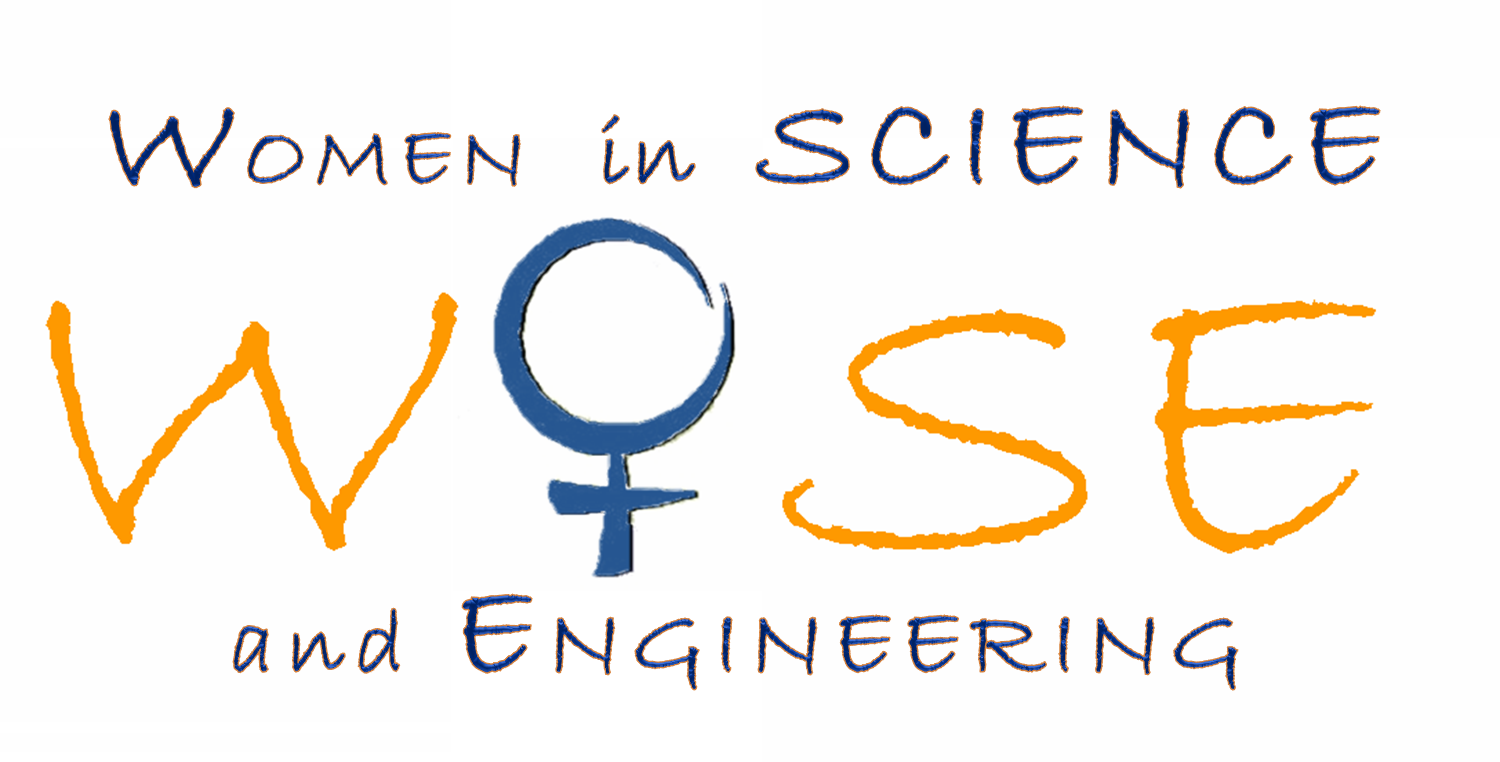
**WiSE Science Spring Camp 2020**

**(March 23-27, 2020)**

**APPLICATION FORM**

**Checklist**: \_\_ Application \_\_ Essay\_\_ Teacher Sponsor

**Instructions:**

Please type or print clearly. Complete applications will be reviewed and invitations extended two weeks before the camp starts. Interested applicants are encouraged to submit their complete application as soon as possible.

**A complete application consists of: application form, brief personal essay, and a statement of endorsement from science or math teacher, or community leader**.

**Submit all forms to:**

Trina Mitchell and Amanda Sebastian

WiSE Spring Camp Committee

University of Florida, Gainesville, FL 32611

[wise.girlz.camp.uf@gmail.com](mailto:wise.girlz.camp.uf@gmail.com)

***Electronic submissions are preferred.***

***Submit Application form here:*** https://www.dropbox.com/request/HsIHxMzdSvm6bz6MoN6V

***Submit Teacher Sponsor form here:*** https://www.dropbox.com/request/0JSiIGr9iCABvQCsrgBN

**STUDENT INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle Name you like to be called

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_

Street City State Zip

Phone: ( \_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_ /\_\_\_\_\_\_\_\_ Gender: \_\_Male \_\_Female

Month Day Year

Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Some program updates will be communicated via email. Please ensure you have a functioning email address listed.)

Student Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Middle School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you find out about WiSE Science Spring Camp? (circle all that apply)

My teacher Mailing Website Friend Relative Other (please specify)

Mother/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle

Occupation and Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_ ) \_\_\_\_\_-\_\_\_\_\_ Ext. \_\_\_\_\_\_\_

Father/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name Middle

Occupation and Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: (\_\_\_\_ ) \_\_\_\_\_-\_\_\_\_\_ Ext. \_\_\_\_\_\_\_

**ESSAY**

Your personal essay allows us to know you as an individual, independent of grades and course work and is expected to be a reflection of your thoughts and feelings, and as such written exclusively by you.

Please compose a typed 250-word essay describing why you would like to attend the WiSE Science Spring Camp. Feel free to share any relevant experiences you have had and what you hope to accomplish by participating in the Science Spring Camp.

**PARENTAL CONSENT**

As the parent(s)/guardian(s) of a student applying to the WiSE Science Spring Camp at the University of Florida, I/we certify that, if selected, my/our daughter/son/ward has my/our permission to participate in this program for precollege students. It is my/our understanding that she/he will be subject to the rules and regulations of the host institution and the program. I/we understand that if my/our daughter/son/ward is accepted into the WiSE Science Spring Camp, I/we will be required to sign releases of liability, program contracts, financial responsibility forms, medical consent and other legally binding agreements. I/we also understand that I/we will be responsible for any program fees, and that no refunds of program costs will be made after the program registration. I/we understand that prior to March 1st, all program fees paid by me/us will be refundable. I/we certify that the information contained in all application materials (form, essay, teacher sponsor) is true, complete, and correct with no material omissions of fact(s) that are or should be known to me/us. It is with these understandings that my/our daughter/son/ward applies to participate in the WiSE Science Spring Camp.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requesting financial assistance to cover the $75 fee: YES NO

Disclaimer: This activity is neither sponsored nor endorsed by Alachua County Public Schools.