



# ENGINEERING SUMMER PROGRAM 2009

June 15 - July 3, 2009

Departments of Engineering

## TRACK 1 APPLICATION FORM (Open to Current 8<sup>th</sup>-10<sup>th</sup> Grades\*)

Your Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
(as of Spring 2009)

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street/PO Box Apt #  
\_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Work Phone (Parent/Guardian): \_\_\_\_\_

Cell Phone: \_\_\_\_\_  
(In case of an emergency)

Current School: \_\_\_\_\_

Fall 2009 School (if different from above): \_\_\_\_\_

### Requirement Checklist:

- A two-paragraph essay, on a separate page, describing why you are interested in this program as well as your extracurricular and community activities.
- One official copy of most recent grade report showing GPA in all mathematics and science courses.
- One check/cashier's check/money order in the amount of \$80 \*\*.

*If approved for participation in the Program, I authorize release of my school records as needed for assessment of the Program. If admitted, I agree to comply by all rules and regulations, and to participate for the full three weeks of the Program. Absence is allowed only for illness or by prior approval.*

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

### Parental Consent

*I hereby give permission for my child to participate (if selected) in the Engineering Summer Program 2009. I understand that the only charge for this program is the \$80.00 nonrefundable registration fee payable upon acceptance. I will encourage my child to participate in all activities for the full three weeks of the program (absence is allowed only for illness or by prior approval), and will attend an orientation session. I understand that the Program cannot be held responsible for all occurrences during the Program, and that I am still responsible for my child's conduct and the consequences of my child's behavior in the program. If medical attention is required for illness or injury while attending the Program, I give permission for such care at my expense. I further authorize my child's school to release information from my child's records to the Program, if selected for the program, as needed for assessment of the Program.*

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

### Please Return Application Package by June 5 to:

PUC Departments of Engineering  
POTT 121  
Attn: Summer Program 2009  
2200 169th St  
Hammond, IN 46323-2094

\* Any other age group may still be considered for admission if proofs of sufficient skills in mathematics and sciences are provided.

\*\* Need-based scholarships are available. If a scholarship is desired, please submit a separate letter stating the need with this application.