

ATTENTION 2ND YEAR APPLICANTS!

LISTED BELOW ARE TIPS TO HELP YOU SUBMIT A SUCCESSFUL APPLICATION PACKET.

- APPLICATION: ➤ Answer all questions of the application.
➤ List the entire school and school district's name.
➤ Sign the application.
➤ Have your parents/guardians sign the application.
- LUNCH FORM: ➤ The Child Nutrition Program Application must be completed with the application. To fill out the application:
1) List the applicant's name and date of birth.
2) Answer question 2.
3) List all of the family member's name, age and monthly income. (If you wish not to disclose financial information, proceed to #4)
4) Sign and date application.
5) List the Social Security Number for adult signing application.
- ESSAY: ➤ Not required of the 2nd, 3rd, & 4th Year applicants.
- GRADE REPORT: ➤ Be sure to attach a copy (must be readable) of your latest 2002-2003 grade report.
- NOMINATIONS: ➤ Not required of the 2nd, 3rd, & 4th Year applicants.

Please submit all the items listed above as one packet. Applications must be postmarked on or before March 1, 2003. Mail the entire application packet to:

**Houston PREP
Center for Computational Science and Advanced Distributed Simulation
University of Houston-Downtown
One Main Street, Suite 722-South
Houston, Texas 77002**

HOUSTON PREFRESHMAN ENRICHMENT PROGRAM (HOUSTON PREP)

JUNE 9- JULY 25, 2003

2nd YEAR PREP APPLICATION

DEADLINE: POSTMARKED ON OR BEFORE MARCH 1, 2003

PART 1 - TO BE COMPLETED BY APPLICANT - ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT.

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SEX: _____ FEMALE _____ MALE

ADDRESS: _____
STREET APT.

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ - _____ DATE OF BIRTH: ____/____/____
MO DAY YEAR

ETHNICITY: _____ AMERICAN INDIAN _____ ANGLO _____ AFRICAN AMERICAN _____ HISPANIC _____ ASIAN/ORIENTAL

CURRENT GRADE LEVEL: _____ 8 _____ 9 _____ 10 Email: _____

SCHOOL YOU CURRENTLY ATTEND: _____

SCHOOL DISTRICT YOU CURRENTLY ATTEND: _____

PLEASE CHECK BELOW THE CONCEPTS/SUBJECTS YOU HAVE STUDIED THUS FAR (ask your math teacher, if needed):

MATHEMATICS:

____ PRE-ALGEBRA _____ ALGEBRA II _____ PRE-CALCULUS _____ OTHER: _____
____ ALGEBRA I _____ GEOMETRY _____ CALCULUS

COMPUTER SCIENCE:

____ BASIC _____ C _____ JAVA SCRIPT
____ PASCAL _____ C++ _____ VISUAL BASIC
____ TURBO PASCAL _____ HTML _____ OTHER: _____

PART 2 - TO BE COMPLETED BY PARENT OR GUARDIAN

FATHER'S NAME: _____ WORK PHONE: _____ ext. _____

HIGHEST GRADE OR DEGREE: _____ HOME/CELL PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____ ext. _____

HIGHEST GRADE OR DEGREE: _____ HOME/CELL PHONE: _____

FOR CONTACTS BELOW, DO NOT LIST YOUR MOTHER OR FATHER OR NUMBERS ALREADY LISTED ABOVE.

IN CASE OF EMERGENCY, CONTACT (1): _____ PHONE: _____

IN CASE OF EMERGENCY, CONTACT (2): _____ PHONE: _____

PART 3 - PARENT/GUARDIAN'S CONSENT

AS THE PARENT/GUARDIAN OF THE ABOVE MENTIONED STUDENT, I CERTIFY THAT MY CHILD HAS MY PERMISSION TO PARTICIPATE IN THE PREP PROGRAM. HE/SHE IS COMMITTING TO ATTEND PREP MONDAY THROUGH FRIDAY FOR SEVEN WEEKS. IT IS MY UNDERSTANDING THAT HE/SHE WILL BE SUBJECT TO THE REGULATIONS OF THE PREP SITE WHICH HE/SHE WILL ATTEND. SHOULD MY CHILD MISS MORE THAN TWO DAYS, I UNDERSTAND THAT MY CHILD MAY BE AUTOMATICALLY DISMISSED FROM THE PREP PROGRAM. I UNDERSTAND THAT SHOULD A HEALTH EMERGENCY ARISE, I WILL BE NOTIFIED. IF I CANNOT BE REACHED BY TELEPHONE, MEDICAL TREATMENT DEEMED NECESSARY BY COMPETENT MEDICAL PERSONNEL IS AUTHORIZED. I ALSO CERTIFY THAT MY CHILD HAS MY PERMISSION TO HAVE ACCESS TO THE INTERNET. I UNDERSTAND THAT HE/SHE WILL BE ALLOWED ONLY TO ACCESS RELEVANT MATERIAL. ANY VIEWING OF OBSCENE MATERIAL ON THE INTERNET ARE GROUNDS FOR IMMEDIATE DISMISSAL. ALSO, IF ACCEPTED, I AUTHORIZE USE OF PHOTOS AND RELEASE OF INFORMATION PERTAINING TO MY CHILD AS DEEMED NECESSARY FOR PUBLICATIONS BY THE PREP OFFICE.

PARENT'S SIGNATURE: _____ DATE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____