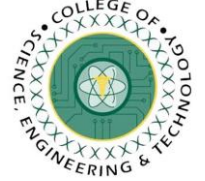




# NSU College of Science, Engineering and Technology Saturday Scientists Program Application



<input type="checkbox"/> High School	<input type="checkbox"/> Middle School
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(Please Print Clearly or Type)

## **I. APPLICANT INFORMATION**

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_

Mailing Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Home Number (    ) \_\_\_\_\_ E-mail \_\_\_\_\_

Gender:     Male         Female

Race:     African American     White     Hispanic     Asian     Native American     Other \_\_\_\_\_

Please select your STEM areas of interest: (list your preference in order 1(highest) – 6 (lowest))

\_\_Physics    \_\_Mathematics    \_\_Engineering    \_\_Computer Science    \_\_Biology    \_\_Chemistry

## **II. SCHOOL INFORMATION**

School Name \_\_\_\_\_ Grade \_\_\_\_\_ as of June 20, 2011

Current GPA \_\_\_\_\_

Extracurricular Activities \_\_\_\_\_

List any school honors or awards you have received \_\_\_\_\_

List the STEM related classes you have completed and the grades you received:

COURSE	GRADE	COURSE	GRADE	COURSE	GRADE

## **III. PERSONAL STATEMENT**

Provide a statement consisting of no less than 50 words. This statement should describe why you wish to participate in the NSU CSET Saturday Scientists Program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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#### IV. EMERGENCY CONTACT

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Name \_\_\_\_\_ Relation \_\_\_\_\_

Address [Street] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Contact Number ( ) \_\_\_\_\_ Alternate Number ( ) \_\_\_\_\_

#### V. PARENT/GUARDIAN INFORMATION

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##### **MOTHER/GUARDIAN**

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_

Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Contact Number ( ) \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

##### **FATHER/GUARDIAN**

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_

Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Contact Number ( ) \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

#### VI. APPLICANT SIGNATURE

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I DECLARE THAT ALL STATEMENTS AND ANSWERS OR OTHER MATERIALS THAT I MAY HAVE SUBMITTED, ARE TRUE AND COMPLETE. I AGREE THAT ANY UNTRUE OR MISLEADING ANSWER, OMISSION, CONCEALMENT OR FAILURE TO ANSWER ANY QUESTIONS COMPLETELY AND ACCURATLEY WILL BE GROUNDS FOR THE REJECTION OF MY APPLICATION.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

##### **COMPLETED APPLICATION PACKET CHECKLIST**

Your completed application packet should include:

- Completed Program Application
- Completed Health Form
- Photo Waiver Form
- Risk Management Waiver Form

Please return completed application packets by  
to:

**Patrice C. Smith**  
Special Assistant to the Dean  
College of Science, Engineering and Technology  
Norfolk State University  
700 Park Avenue  
Norfolk, VA 23504

# Risk Management Waiver Form

## CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned \_\_\_\_\_, allow my child/student \_\_\_\_\_ to participate in the SATURDAY SCIENTISTS Program of the College of Science, Engineering and Technology, including on-campus events and off-campus events, I do hereby release and discharge NORFOLK STATE UNIVERSITY and/or the College of Science Engineering, and Technology representatives from any and all damages on account of any injuries or illnesses sustained to my child/student while engaged the SATURDAY SCIENTISTS Program at NORFOLK STATE UNIVERSITY and/or off campus, whether related or not to the activity enumerated above. I understand the risk of injury may be physical or emotional. This agreement *shall* constitute a bar of any recovery by the undersigned individually or brought for an on behalf of the child/student, and said agreement may be urged and used by NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology or its representatives as a bar to any recovery by the undersigned or by the child/student in any suit or claim instituted on account of any injury or illness sustained by the undersigned while engaged in the volunteer programs of NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology.

## HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ the undersigned, release and discharge NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child/ student while engaged in the SATURDAY SCIENTISTS Program of NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology. I agree to hold harmless and indemnify NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology representatives against any loss, damages, or cost of whatsoever nature including expenditure of attorneys' fees which may be suffered as a result of any action, claim, or demand by me or my child/student or my heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of me or my child/student.

## LOSS/DAMAGE ACKNOWLEDGEMENT

I, \_\_\_\_\_ the undersigned, will reimburse NORFOLK STATE UNIVERSITY for any damage to the University's property or loss of University's property for which the above named participant is deemed responsible.

## MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ hereby acknowledges that as a part of the SATURDAY SCIENTISTS Program of the College of Science, Engineering, and Technology, there is the possibility that my child/student may need to receive medical attention due to illness, injury or accident. I understand that NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, or their representatives will make a reasonable effort to contact me (parents/guardians) in the event of illness, injury or accident to my child/student based on the circumstances. In the event that NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, or their representatives are not able to contact me (parent/guardian), or if the need for medical care appears to be immediate, then I instruct and authorize the College of Science, Engineering, and Technology representatives to consent to and authorize reasonable and necessary medical treatment for my child/student. I further agree to release NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, and *their* representatives from any liability *for* their efforts to secure reasonable and necessary medical treatment for my child/student as stated above. I, the undersigned, shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child/student that are not covered by the NORFOLK STATE UNIVERSITY College of Science, Engineering, and Technology *Policy*. I further agree to reimburse NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, their representatives, and/or any other *agents*, employees, sponsors, or volunteers of NORFOLK STATE UNIVERSITY who may incur such expenses in the treatment of the accident or illness of my child/student. **By signing below, I acknowledge that I have read and understand the Risk Management Waiver Form and do hereby agree to all its terms and conditions.**

**Signature of Parent (Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_



# NSU-CSET Saturday Scientists Program



## Emergency Health Form

ALL SECTIONS MUST BE COMPLETED

### APPLICANT HEALTH INFORMATION

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Participant's Name \_\_\_\_\_

Does the participant have allergies? \_\_\_\_\_ if yes, please identify \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Is the participant under the care of a physician for a medical condition? \_\_\_\_\_ if yes, please identify

\_\_\_\_\_

Is the participant currently on medication? \_\_\_\_\_ if yes, please identify

\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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**IN CASE OF EMERGENCY, CALL (include area code)** \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### V. INSURANCE INFORMATION

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Insured's Name \_\_\_\_\_ Relationship to Academy Participant \_\_\_\_\_

Insured's Address (include city, state, zip) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group Name \_\_\_\_\_

Group # \_\_\_\_\_

