

# ATTENTION 4<sup>TH</sup> 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.
- ESSAY: ➤ Not required of the 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> Year applicants.
- 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.
- GRADE REPORT: ➤ Be sure to attach a copy (must be readable) of your latest 2002-2003 grade report.
- NOMINATIONS: ➤ Not required of the 2<sup>nd</sup>, 3<sup>rd</sup>, & 4<sup>th</sup> 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

4th 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: \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 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: \_\_\_\_\_