

Fisheries and Wildlife Biology July 22-28

- 1. Print or type all sections clearly in black/blue ink. Any incomplete and/or illegible applications will not be processed.
- 2. Be sure that you and your parent/guardian have signed the application.
- 3. Enclose the check for the required \$100 registration fee. Checks should be made payable to *Clarion University*.

 A limited amount of financial assistance for the Summer Academy's registration fee is available for eligible candidates. Please contact the Honors office for additional information. Room, board, and instructional supplies are offered through a scholarship from the Pennsylvania General Energy Company.
- 4. Include a brief statement expressing why you are interested in participating. Please limit yourself to 500 words or less.
- 5. If you have any questions or comments, please contact us at dlaughlin@clarion.edu or 814-393-2585.
- 6. Submit all application materials and high school transcript by mail to: Honors Program

Honors Program Clarion University of Pennsylvania 840 Wood Street Clarion, PA 16214-1232

Application deadline: May 25, 2018
Academy limited to the first 16 qualified applicants!

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3. Scholastic Information							
Current Grade: Grall 2017-Spring 2018) Current Grade-Point Average	•	-	ACT Score				
High School School Phone							
School AddressStreet/P.O. Box		City	State Zip				
From whom did you receive our information?							
Name Title							
Address							
4. Extracurricular Information: Please check the activities in which you have participated							
☐ Athletics	,						
☐ Chorus/Band ☐ Journalism ☐ Academic Sports ☐ Theater		☐ Volunteer Activities☐ Computer Club	☐ Student Government				
☐ Academic Bowl	☐ Science Club	☐ Employment	Other				
5. Health Information: Upon enrollment in the program, a more comprehensive medical release form will be required. Does the Summer Academy participant have any medical condition or disability that might limit activities or require attention, treatment, or medication? Check: Yes No If yes, please explain:							
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All participants must submit verification of medical insurance coverage before enrollment.							
The undersigned parent/Guardian Agreement The undersigned parent/guardian and student have read the Clarion University Summer Academy brochure and Parent hereby gives permission for Student to participate in the Summer Academy, I release, hold harmless and indemnify Clarion University, its faculty, administration, directors, agents, employees, partners, sponsors, and affiliates from and for any claim, injury or orther liability of any kind which is caused directly or indirectly by the Student, or which results from or during the Student's participation in the Summer Academy. I understand that the Student may be included in photographs and videos that may be taken during the Summer Academy, including any testimonials and hereby consent thereto and the use thereof by Clarion University for all lawful purposes, without compensation. A comprehensive Code of Conduct that details guidelines for behavior and prohibits possession of such substances as drugs, alcohol, and tobacco will be included in the students Welcome Package. I understand this form must be signed in order to participate in the Summer Academy. I further understand that failure to abide by this code of conduct may result in a student's immediate dismissal, return home at own expense, and forfeiture of deposit paid. I understand applications from qualified students are processed in the order received and enrollment is limited. I understand this is an application for participation in the Summer Academy and enrollment is contingent upon approval of the Project Directors, in their discretion. If the Student is not accepted, the deposit paid will be returned. Refund Policy: Upon written notification of cancellation received by Clarion University at least 30 days before the start date of the session in which the Student is registered, deposits will be refunded. If a Student cancels within 29 days of the start of the session in which the Project or leaves while a program is in session, no refunds will be permitted. If an application is rejected or if spac							
Student Name (please print)	Stude	nt Signature	Date				
Parent/Guardian Name (please print)	Paren	t/Guardian Signature	Date				

7. Payment Details

Please make \$100 non-refundable registration fee payable to *Clarion University*. Money orders will also be accepted. **Note:** Cancelled/Returned checks will be subject to \$25 processing fee. **We look forward to your visit to Clarion University.**