



**CLARION  
UNIVERSITY**

**Wildlife and Disease Biology  
July 17-23**

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 \$50 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](mailto:dlaughlin@clarion.edu) or 814-393-2585.
6. Submit all application materials and **high school transcript** by mail to: Honors Program

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

**Application deadline: June 4, 2022**  
Academy limited to the first 16 qualified applicants!

**1. Student Information**

Sex:  Male  Female Shirt Size:  Small  Medium  Large  X-Large (Check One)

Name

\_\_\_\_\_

First

Last

Middle Initial

Name for Nametag \_\_\_\_\_

Permanent Address \_\_\_\_\_

Street/P.O. Box

City

State

Zip

Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**2. Parent/Guardian Information**

Parent/Guardian \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Street/P.O. Box

City

State

Zip

Daytime phone ( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Additional Emergency contact: Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Clarion University is an affirmative action, equal opportunity employer and does not discriminate on the basis of sex in its education programs or activities. See the full statement at clarion.edu/nondiscrimination.

### 3. Scholastic Information

Current Grade:  Freshman  Sophomore  Junior Graduation Year \_\_\_\_\_

Current Grade-Point Average \_\_\_\_\_ SAT Score \_\_\_\_\_ PSAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

High School \_\_\_\_\_ School Phone \_\_\_\_\_

School Address \_\_\_\_\_

Street/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

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Athletics       | <input type="checkbox"/> Mathematics Club | <input type="checkbox"/> National Honors Society |   |
| <input type="checkbox"/> Chorus/Band     | <input type="checkbox"/> Journalism       | <input type="checkbox"/> Volunteer Activities    |   |
| <input type="checkbox"/> Academic Sports | <input type="checkbox"/> Theater          | <input type="checkbox"/> Computer Club           | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Academic Bowl   | <input type="checkbox"/> Science Club     | <input type="checkbox"/> Employment              | <input type="checkbox"/> 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: \_\_\_\_\_

All participants must submit verification of medical insurance coverage before enrollment.

### 6. Student and 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 Programs indicated on the reverse side of this application. In consideration of being accepted as a participant 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 other 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 Student is registered, or leaves while a program is in session, no refunds will be permitted. If an application is rejected or if space in the program is not available, all deposits will be refunded in full.

\_\_\_\_\_  
Student Name (please print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (please print)

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

\_\_\_\_\_  
Date

### 7. Payment Details

Please make \$50 **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.**