

Student Application
Summer Camp 2012



Contact Information *(Please Print Clearly)*

Parent's Name _____ Telephone (____) _____
Last Name First Middle

Address _____
Number, Street, Apt. No. City State Zip

Primary Email address _____

Secondary Email address _____

Child's Name _____
Last Name First Middle

Sex ____ Male ____ Female Grade in School ____ 3 ____ 4 ____ 5 ____ 6 ____ 7 ____ 8

Child's Birthdate _____ School District and School Name _____
Month Day Year

List school activities, outside interests, and any programs attended that were designed for high ability or Gifted/Talented/Creative students:

Select the Camp Session *(please number your choices 1st, 2nd, 3rd)*
June 25 through June 29, 2012

- ____ The Writer's Life
- ____ Entrepreneurship Shark Tank
- ____ CSI Toledo
- ____ Occupy Earth: Exploring Global Citizenship
- ____ The Great Outdoors—Campus Edition

*In the unlikely event a session must be cancelled, you will have the option of attending one of your alternates.

Statement of Recommendation by your School

_____ has been identified as demonstrating one or more of the following abilities using Ohio Department of Education (HB 1) approved procedures: superior cognitive ability, specific academic ability, creative thinking ability, or visual and performing arts ability; and/or has NOT been formally identified (circle if this is the case) but would be a good candidate for inclusion into the GT @ UT program at The University of Toledo.

School Representative Signature Print Name Position

Parental Consent

As the parent/legal guardian, I certify that my son/daughter/ward has my permission to participate in The University of Toledo's GT @ UT program. It is my understanding that he/she will be subject to the regulations of the host institution and project.

Signature of Parent/Legal Guardian Print Parent/Guardian Name Date