APPLICATION CHECK LIST

Check each item as it is completed.

1._______ (Page 2) **Application Form** (to be completed by applicant and parent with required signatures of applicant and parent)

2._______ (Page 3) **Additional Information Form** (to be completed by legal guardian)

3._______ (Page 4) **Medical Consent Form** (to be completed by parent/guardian)

*** In order to be eligible for consideration in the Summer Institute, ALL DOCUMENTS listed above must be submitted.

**APPLICATION DEADLINE: MAY 26, 2014**

Please Mail to:
Xi Alpha Omega Chapter
P.O. BOX 300214
HOUSTON, TX 77230
Attention: Evelyn Ware Math & Science Institute

The institute will be held on the campus of Houston Baptist University on June 7, 2014 from 8:30am-2:00pm. The cost of the institute is FREE. Breakfast and lunch will be provided.
To the Applicant and his/her Parent(s)/Guardian(s).

This application serves as an important part in the selection process of identifying successful applicants. This application must be completed in its entirety. Please type or print in black ink. It is essential that your teacher/counselor return his/her part of the application immediately. Do not hesitate to add any information you feel is pertinent to your application.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR ADMISSION.

GENERAL INFORMATION

Name_________________________HomePhone(____)_____________________

Last                 First

Home Address________________________________________________________

Number and Street Apt.   City   State   Zip Code

Age_____ Birthdate _________ Sex:  Male/Female

Attending School (2013-2014 School year)________________________________

Grade Level (CURRENTLY during the 2013-2014 school year) _____________

Location______________________PhoneNumber__________________________

City   (Area Code)

Ethnic-Racial Background   Citizenship Status

Black_____ Other_____ U.S. Citizen_____ Non U.S. (Citizen)

White_____ Hispanic____ Alien Reg._______

T-shirt Size________ (Adult Sizes- S,M,L,XL,2XL,3XL)

Is there a computer (desktop or laptop) in the household? _____yes_____no

Is there Internet access in the household? _____yes_____no

Is there any other educational technology in the household (check one)? _____ scientific calculator

_____ graphing calculator

_____ other (specify)___________
EMERGENCY INFORMATION

Please provide the name, address and phone number of a relative or friend who does not live with you, but who can be contacted in the event of an emergency. A telephone number is mandatory!

**Primary Emergency Contact**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
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<tr>
<th>Home Address</th>
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___________________________________________ (Home Number)

___________________________________________ (Cell Number)

Relationship to the applicant__________________________________________

**Secondary Emergency Contact**

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<th>Last Name</th>
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</table>

___________________________________________ (Home Number)

___________________________________________ (Cell Number)

Relationship to the applicant__________________________________________

PARENT/LEGAL GUARDIAN NAME (Please print) ____________________________________________

PARENT'S SIGNATURE__________________________________________

STUDENT SIGNATURE__________________________________________ DATE__________________________________________
MEDICAL CONSENT FORM

Child’s Name ___________________________________________ Age:__________________
First MI Last
Date of Birth ___________________________________________
Month Day Year

Guardian’s Name ___________________________ Home Phone __________________________
Mailing Address ___________________________ Business Phone ________________________

Allergies, Diseases, or Severe illnesses_______________________________________________
Other remarks of health concerns: __________________________________________________

In case guardian is not available, please notify:
1.____________________________ Phone:____________________________
2.____________________________ Phone:____________________________
3.____________________________ Phone:____________________________

Doctor Preferred:________________________ Phone:____________________________
Dentist Preferred:_______________________ Phone:____________________________

Authorization for Medical Treatment

In the event of a medical emergency, I hereby authorize an adult member from Alpha Kappa Alpha Sorority, Inc., Xi Alpha Omega Chapter, as an agent for me, to consent to any medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the State of Texas either at a doctor’s office or in a hospital. I wish to be contacted as soon as possible if treatment is deemed necessary.

Parent/Guardian’s Signature______________________ Date__________________

Legal Release of Liability

I, ________________________, hereby release Xi Alpha Omega Chapter and Alpha Kappa Alpha Sorority, Inc. in addition to the members of the chapter and members of the undergraduate chapter from any and all liability for injuries or illnesses except those which are the result of gross negligence on the part of the members of the chapter or Xi Alpha Omega Chapter and Alpha Kappa Alpha Sorority, Inc.

Parent/Guardian’s Signature______________________ Date__________________
Applicant's Name: __________________________________________

TO BE COMPLETED BY AN ADULT PARENT(S)/GUARDIAN(S) IN HOUSEHOLD