

Lawson State Community College Summer Enrichment Institute (SEI)



Student Application 2010

Application Deadline April 2, 2010

SEI May June 1 - June 26, 2010

Name _____

Submit your completed application to:
Calvin Briggs, Project Director or Mrs. Beverly Caver (rm. B-118)
Lawson State Community College
3060 Wilson Road, S.W.
Birmingham, AL 35221
(205) 929-6331 office
(205) 929-6409 fax
E-mail: cbriggs@lawsonstate.edu

Incomplete applications will not be considered!



STEP-UP
Lawson State Community College
3060 Wilson Road
Birmingham, AL 35221
Phone: 205.929.6331
Fax: 205.929.6409

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Summer Enrichment Institute Application

Student Contact Information (Please submit a valid E-mail address)

Name	
Social Security Number	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Guardian Information

Mother's Name	
Street Address	
City ST ZIP Code	
Job Title/Description	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Father's Name	
Street Address	
City ST ZIP Code	
Job Title/Description	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	



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Student Information

U.S Citizenship	___ Yes ___ No
If not a U.S. Citizen, describe residence status.	
__ Ethnic Background	
__ African American	
__ Asian American	
__ Hispanic	
__ Native American	
__ Caucasian	
__ Other	
2006 SEI PARTICIPANT YES <input type="checkbox"/> 2007 SEI PARTICIPANT YES <input type="checkbox"/> 2008 SEI PARTICIPANT YES <input type="checkbox"/> 2009 SEI PARTICIPANT YES <input type="checkbox"/>	Check yes for the indicated summer you participated in SEI.

Academics

Current High School (circle) : Wenonah, Carver, Midfield, Fairfield, Parker, or Ramsey High	
Other:	
Major Area of Study	
Overall GPA	
Current Classification	
Math Science Courses Taken	Grade Received
Math Science Courses Currently Taking	



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Area of Interest

Tell us in which areas you are interested in volunteering

- Mathematics
- Physical Science
- Biology
- Physics
- Chemistry
- Earth Sciences
- Astronomy
- Computer Science
- Other: _____

Special Skills or Qualifications Related to Area of Interest

Summarize special skills and qualifications you have acquired from employment, school, previous internship, or through other activities.

Previous Internship Experience/Lab Experience

Summarize your previous math and science internship experience.



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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In addition I understand that my ongoing participation in SEI is also contingent upon my conduct and attendance.

Guardian Name (printed)	
Guardian Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in SEI.

Photo and Image Agreement

All student photographs and images are the property of SEI. SEI reserves the right to use photos in future program advertising, presentations, lessons and activities.

Guardian Name(printed)	
Guardian Signature	
Date	



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Teacher Reference Form

Student must solicit references from current or former high school math and science teachers.

Student Name: _____

Reference Contact Information

Name	
Position & School	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

Please use space below.



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