

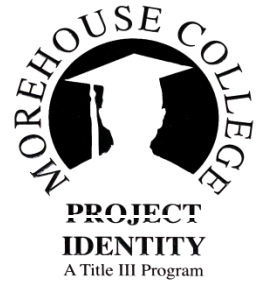
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Project Identity

SUMMER PROGRAM FOR YOUTH 2011 REGISTRATION FORM

PLEASE NOTE

1. Please print clearly
2. Fill out application in its entirety
3. Be sure to enclose all supporting material
4. Completing application in no ways guarantees admittance into the 2011 Summer Program



Student Information

APPLICANT FIRST NAME _____ MIDDLE _____ LAST _____

DATE OF BIRTH _____ CURRENT GRADE LEVEL _____ CURRENT GPA _____

ADDRESS NUMBER AND STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ PARENT EMAIL _____

Race/Ethnicity Caucasian Native Alaskan/Native American African-American Asian/Pacific Islander
 Hispanic Multiracial Other _____

School Information

NAME OF SCHOOL _____ Type of school: Public Private/Independent Home School

SCHOOL ADDRESS NUMBER _____ CITY _____ STATE _____ ZIP _____

Emergency Contact Information

#1 PARENT/GUARDIAN NAME _____ FIRST / LAST _____

Mother Father Legal Guardian

DAY PHONE _____ CELL PHONE _____ EMAIL _____

2 PARENT/GUARDIAN NAME _____ FIRST/LAST _____

Mother Father Legal Guardian

DAY PHONE _____ CELL PHONE _____ EMAIL _____

Student resides with: Parent #1 Parent #2 Both
T-Shirt Size (all youth sizes): Small Medium Large XLarge XXLarge

Programming

The **Summer Program for Youth** introduces male students to the advance placement summer courses in humanities, social sciences, mathematics, biology as well as physical activities. The 2011 Summer Program will include the following activities:

Sports/Fitness
Field Trips
Entrepreneurship

Robotics
Science
Music

Creative Writing
Math
Leadership Development

Hours of Operation

Classes start at 9:00AM (8:45AM earliest drop off) and end at 4:15PM.

Extended Day Choice

Project Identity will provide supervised after program care. The cost of the 3-week service is \$150 for afternoon supervision between 4:30PM-5:30PM. Please select if you would like this service.

Yes, I would like to have addition extended day supervision.

Arrangement for Pickup

Name and number of person(s) authorized to pickup my child:

Same as listed under **Emergency Contact Information** or:

Written Statement from Student

Please provide a typed response to the following question listed below and attach to application. Please do not provide more than a 300 word essay.

What are your life's goals and what impact will it have on your community?

Fees and Deadlines

Registration Fee: \$25 after April 1, 2011 *non-refundable*. **Tuition:** \$950.

This includes academic and material costs, field trip and lunch.

Rolling acceptance until program is full.

Deadline for application, tuition and all supporting materials is May 27, 2011

Supporting materials are:

- Current Report Card
- Current Immunization Record
- Teacher Recommendation Form
- Morehouse Medical Form
 - Registration Fee
- Written Statement by Student

Refund Policy

The 2011 **Summer Program for Youth** has a minimum participant requirement. Project Identity reserves the right to combine, alternate dates/times, cancel or make any revisions which may be necessary. The refund policies are as follows: **Before program begins:** participants may obtain a full refund if request is received in writing 5 business days prior to the start of the program. **After program begins:** there are no refunds after the program start date. Please allow 30 business days to receive refund after written request is made.

For the Student

I understand that, as a participant in Project Identity, I have the responsibility to work to the best of my ability in all of my classes, that I will conduct myself appropriately and follow all rules, regulations and policies of the Project Identity program, that I will support the efforts of Project Identity staff and participants to preserve the cleanliness and beauty of the campus, that I will respect the property of others, and that I will respect the rights and privileges of all Project Identity students, faculty, staff, and others of the campus community. I understand that failure to comply with the above may lead to dismissal from the program.

For the Parent

I hereby grant permission for my child to participate in Project Identity at Morehouse College. I hereby agree to hold harmless and release the College, its officers, trustees, agents, students and employees ("Releases") from any claims of damage arising from my child's participation in the program. I have signed this release with full recognition and appreciation of the risks of such activities, including risks associated with transportation to and from Morehouse College. I understand that Morehouse College has no medical personnel on Project Identity program and trips. I agree that Morehouse College personnel assigned to Project Identity are granted permission to authorize emergency medical treatment if necessary and that such action by persons shall be subject to the terms of this release. I understand that Releases assume no responsibility for any injury or damage that might arise out of or in connection with such emergency medical treatment I further agree that this consent and release shall be construed in accordance with the laws of the State of Georgia. If any term or provision of this consent and release shall be held illegal unenforceable or in conflict with any law governing this consent and release, the validity of the remaining portions shall not be affected. I further state that I am the participant's Parent/Guardian, and am fully competent to sign this agreement, and that I execute this consent and release for full, adequate and complete consideration fully intending for myself and for my family to be bound by the same. I understand that it is my responsibility to make sure that my child follows Project Identity rules and regulations. I understand that if my child fails to follow Project Identity program rules and regulations, he will be dismissed from the program.

We certify the above information is complete and correct. We have read and understand the above consent and release statement and agree to the program's policies and procedures.

Signature of Student **Date**

Signature of Parent or Legal Guardian **Date**

**Make check or money order out to Project Identity
Mail Completed Registration and Fee To:**

Project Identity
Morehouse College
830 Westview Drive. S.W
Atlanta, GA 30314

How did I hear about Project Identity:

- Atlanta Parents Magazine
- Project Identity Website
- Teacher/counselor
- Other _____

2011 SUMMER PROGRAM FOR YOUTH

TEACHER RECOMMENDATION FORM

Project Identity's **Summer Program for Youth** is an enrichment summer program that provides academically talented African American and other males of color with opportunities to learn and enjoy topics that they may not have been exposed to in their current academic settings. We offer innovative courses and activities focused on a variety of advance placement formatted topics that take students further than a standard school curriculum. Each session not only encourages participants to explore ideas and applications from different perspectives based on specific themes but foster an interest in learning.

To be considered for admittance into the summer program, students are required to submit a teacher recommendation.

STUDENT NAME (FIRST/LAST)

GRADE

TEACHER NAME (FIRST/LAST)

TITLE/DEPARTMENT

SCHOOL NAME AND ADDRESS NUMBER/ STREET

CITY

STATE

ZIP

OFFICE PHONE

EMAIL

Please rate this student in the following categories by checking the box that best reflects his skills.

Qualities of Student	Exceptional	Average	Below Average	Does Not Apply
Motivation				
Maturity				
Ability to learn independently				
Academic achievement				
Ability to work with others				
Leadership ability				
Interest in service/social issues				
Ability to work at high levels of study				
Writing ability				

Please rank the student's likelihood of succeeding in an accelerated Summer program:

Very likely Likely Somewhat likely Not likely

Please feel free to attach an additional descriptive letter recommendation (optional).

Thank you for agreeing to submit a recommendation in support of this applicant for admission to the **2011 Summer Program for Youth** at Morehouse College. Please place this form and any additional personal letter(s) of recommendation (if needed) in a sealed envelope with your signature over the flap and return it to the student. If this is not possible, mail or fax the recommendation directly to:

Mail Completed Recommendation Form and Optional Letter To:

Project Identity
 Morehouse College
 830 Westview Drive. S.W
 Atlanta, GA 30314