



# Summer@IMSA 2016

## **Scholarship Application (Metro-East Programs)**

\*This form **MUST** be completed in its entirety to be eligible for consideration.

IMSA actively seeks grants and gifts to support a scholarship program to provide educational enrichment experiences for students who might otherwise not be able to participate due to financial challenges. IMSA is fortunate to have a donor that is funding Metro-East Summer Programs this year. To be eligible for a scholarship to attend IMSA's Metro-East area summer programs, the following requirements must be met:

- 1) Complete and Submit this Scholarship Application (All Pages)
- 2) Verification of Eligibility: The participant must meet **one** of the following conditions:
  - I. Family Military Affiliation
  - II. Participant Resides in the Metro-East Region
  - III. Qualification for OR participation in the Free or Reduced Lunch Program as defined by the Federal government\*

*\*If homeschooled, alternative documentation may be provided*

Transportation to and from the program and any incidentals are not included in the scholarship award. A \$30.00 processing fee will be applied **after** the scholarship is awarded (no payment is due with this application). Scholarships are only available for Illinois residents.

To submit by mail: Summer@IMSA, Illinois Mathematics and Science Academy, 1500 Sullivan Road, Aurora IL 60506

To submit by Fax: Fax to (630) 907-5880

## SUMMER@IMSA SCHOLARSHIP APPLICATION

Summer Program Selection for this Scholarship application: \_\_\_\_\_

Program location and date: \_\_\_\_\_

1. Participant Full Name: First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County: \_\_\_\_\_

3. Gender: ☐ Male ☐ Female
4. Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Participant's School Name: \_\_\_\_\_

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

School City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School District: \_\_\_\_\_ 6. Grade entering in Fall 2016 \_\_\_\_\_

- 7. T-Shirt size:** If you do not indicate a size, an adult medium will be assigned to your child.

Youth: ☐ YM ☐ YL      Adult: ☐ S ☐ M ☐ L ☐ XL

8. Background Information: This information is requested so we may report statistical data regarding our participants to the State of Illinois and/or other program funders. Only aggregate data will be shared. Summaries will not contain individual information. Please pick one or more from the list below:

Are you Hispanic? ☐ Yes ☐ No

What is your Race? (Select one or more races from the following groups)

- ☐ American Indian or Alaskan Native    ☐ Native Hawaiian or other Pacific Islander  
☐ Black or African American    ☐ Asian    ☐ White



9. Parent/Legal Guardian name, with which participant lives \_\_\_\_\_

10. Parent/Guardian phone: Preferred: ( ) \_\_\_\_\_ - \_\_\_\_\_ ☐ Work ☐ Cell ☐ Home

Secondary: ( ) \_\_\_\_\_ - \_\_\_\_\_ ☐ Work ☐ Cell ☐ Home

11. Parent/Guardian E-mail (Required) \_\_\_\_\_  
*This e-mail will be used to communicate scholarship award.*

12. Is English your 1<sup>st</sup> language? ☐ Yes ☐ No If no, preferred language \_\_\_\_\_

13. Emergency Contact Information (Required) (a person authorized to pick up the child in case of emergency):

Emergency Contact First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Emergency Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Relationship to Child: \_\_\_\_\_

14. Student Health Information: *What do we need to know about your child/ward's health?*

*Significant Health Concerns (check all that apply)*

☐ Asthma

☐ Allergy: Bee Sting

☐ Allergy: Nut

☐ Allergy: Dairy

☐ Other - Please explain: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Health Concerns(Physical/Behavioral) \_\_\_\_\_

I understand that if my child/ward is awarded an IMSA summer program scholarship, I am responsible for transporting him/her to the summer program and home and covering any personal or incidental expenses, and for a \$30 scholarship processing fee.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date



## WAIVER

**To Be Considered for Participation in an IMSA Program, you must sign the following general Waiver.**

**General Release:** I release and discharge the Illinois Mathematics and Science Academy (IMSA), and any entity providing venue for IMSA Programs, from any and all claims and damages which I or my child/ward may have arising out of or from injuries sustained by my child/ward. In the event of an injury, I hereby authorize and grant to any Illinois Mathematics and Science Academy (IMSA) program staff, permission to have my child/ward examined, and if necessary, treated by a health care professional. This treatment shall include whatever is deemed warranted by health care professionals, on campus, at a physician's office, emergency room or at any hospital. Also, I assume full responsibility for the payment of any and all medical costs, charges, or expenditures incurred in the treatment of my child/ward.

**Information:** I agree to complete and return any supplemental forms or information required for participation in IMSA Programs.

**Field Trips:** I grant permission to IMSA to transport my child/ward to and from scheduled field trips, if applicable to the Program.

**Refund Policy:** Please choose your programs carefully. Full refunds (less a \$30 processing fee) will be given for requests received by April 29, 2016. After this date through May 27, 2016, a partial refund (50%) will be provided. No refund requests made after May 27, 2016 will be processed. ALL requests for refunds must be made in writing. You can direct requests by email to [studentenrichment@imsa.edu](mailto:studentenrichment@imsa.edu). Phone call requests for refunds will not be accepted.

**Program Cancellation:** If insufficient students register for a program, IMSA reserves the right to cancel that program. Participants will be notified at least 2 weeks prior to the start date and a full refund will be given. If space allows you may elect to apply previous paid fees as credit toward another Summer@IMSA program.

**Behavior and Discipline:** If my child/ward does not comply with IMSA behavior standards and safety procedures, consequences may include: parent notification, being sent home, suspension, or removal from the program. Consequences need not be applied progressively. If student misbehavior is serious enough in nature i.e. to cause harm to self or others (personal or property), disrupt the program, any level of "consequence" may be passed over. The Parent/Guardian is responsible for 100% of the costs of repair, replacement, or any other remedy for damage incurred as a result of the student's behavior. No refunds will be issued if a student is asked to leave a program. The student's parent/guardian will be responsible to pick up the child immediately when asked to do so by the Program Coordinator.

**Scholarship Awards:** If my Child/Ward is awarded an IMSA program scholarship, a \$30 processing fee will be charged. I am responsible for transporting the child/ward to and from the IMSA program and covering any personal or incidental expenses.

**Audio/Visual Release:** IMSA has my consent to use media (Audio/Visual) during attendance at, or participation in, IMSA Programs and activities. IMSA can use and distribute (both now and in the future) the registrant's or attendee's image or voice in photographs, videotapes, electronic reproductions, and/or audiotapes of such events and activities.

**Evaluation and Research:** IMSA has my permission to allow my child/ward to contribute information about their experience in IMSA programs. The information provided will be used for program improvement, and to assess learning and interest. IMSA can use this in research about the program, which may be published. Reporting is done in aggregate, with the participant's identity kept confidential and anonymized.

State government policy prohibits discrimination based on race, sex, color, creed, religion, national origin, age and ancestry, sexual orientation, political affiliation or disability.

My signature below indicates agreement with stated participation requirements and policies.

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Parent/Guardian Printed Name

Parent/Guardian Signature

Date

**Please submit this completed form, along with all requirements (listed on the front page). Incomplete applications will not be considered. Completed forms must be received by IMSA by June 1<sup>st</sup> for all Metro East programs in order to be considered.**

**Return completed forms to Summer@IMSA:**

By mail: Summer@IMSA, Illinois Mathematics and Science Academy, 1500 Sullivan Road, Aurora IL 60506  
By Fax: (630) 907-5880

*Scholarships are offered through the generous support of donors to the region.*



## VERIFICATION OF ELIGIBILITY

**Verification of eligibility for this scholarship - Participant must meet one of the following conditions:**

*The parent/guardian must verify below that the student qualifies for the Metro-East summer program scholarship.*

**I. FAMILY MILITARY AFFILIATION (Select All That Apply)**

Active Duty \_\_\_\_\_ Retired Military \_\_\_\_\_ Other (e.g. Civilian Contractor/Employee) \_\_\_\_\_ No Military Affiliation \_\_\_\_\_

**II. RESIDENCY VERIFICATION (Select Yes or No)**

I verify that the student listed above is a resident of the Metro-East area:    **Yes** \_\_\_\_\_    **No** \_\_\_\_\_

**Parent/Guardian Signature**

**III. QUALIFICATION FOR, OR PARTICIPATION IN, THE FEDERAL FREE OR REDUCED LUNCH PROGRAM**

***Please provide ONE of the following:***

***QUALIFICATION DOCUMENTATION FOR FREE OR REDUCED LUNCH***

I verify that the student applying for a scholarship named on this application is currently:

Participating in the Free Lunch Program \_\_\_\_\_

Participating in the Reduced Lunch Program \_\_\_\_\_

Does not qualify for either program \_\_\_\_\_

Name of School Administrator

Signature of School Administrator

Date

***OTHER QUALIFYING DOCUMENTATION:\****

***IN LIEU*** of the above free or reduced lunch documentation, alternate documentation may be provided as follows:

- a) Official tax documentation articulating annual household income for 2014 or 2015 (For your security, please white-out any social security numbers prior to submitting to IMSA.)
- b) Federal/State documentation of qualification for Free or Reduced Lunch Program

Please email [studentenrichment@imsa.edu](mailto:studentenrichment@imsa.edu) or call 630-907-5987 with any questions about appropriate documentation.

\*Home schooled applicants MUST submit proof of Annual Household Income to be considered for a scholarship. This must be an official tax document (only page 1 of document needed)

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## STUDENT APPLICANT ESSAY

Please write at least a paragraph addressing the following statement; it can be handwritten or typed:  
**Please explain how you became interested in math and/or science and why you think attending a Summer @IMSA program will help develop that interest.**

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## WHAT HAPPENS AFTER YOU SUBMIT YOUR APPLICATION?

**Scholarship selection for awards will begin the first business day after the application due date.** (Application due dates vary by location. See specific program for due date information.)

**WATCH YOUR EMAIL! Award recipients will be notified via email within two weeks after the stated deadline, with further instructions for program registration.** No phone calls please.

**Participation in summer programs does not guarantee admission to IMSA.**

### **Additional Information:**

*IMSA Programs are accessible to disabled individuals. State government policy prohibits discrimination based on race, sex, color, creed, religion, national origin, age and ancestry, sexual orientation, political affiliation or disability.*

### [Cancellation Policy](#)

If insufficient students register for the program, IMSA reserves the right to cancel that program. Parents will be notified 2 weeks prior to the start date of a program and a full refund will be given.