

# The College of Science, Engineering, and Technology

## Health and Science Summer Academy



### APPLICATION

**DATES June 18, 2025-July 18, 2025 MONDAY – FRIDAY**

**\* 8:45AM- 4:00PM**

(PLEASE PRINT CLEARLY OR TYPE)

#### I. APPLICANT INFORMATION

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mailing Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_  
[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_  
Home Number (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Gender: Male Female T-Shirt Size: Small Med Large X-Large XX-Large  
Race: African American White Hispanic Asian Native American Other \_\_\_\_\_  
Do you have a computer in your home? Yes No Do you have Internet access? Yes No  
Have you participated in the academy before? Yes No  
Are your parents able to provide transportation and pick-up at 4:00 p.m. each day of the academy? Yes No

#### II. SCHOOL INFORMATION

School Name \_\_\_\_\_ Current GPA \_\_\_\_\_  
Middle School High School (AS OF JUNE 2) \_\_\_\_\_ Grade (AS OF JUNE 20) \_\_\_\_\_  
Do you receive free or reduced lunches? Yes No

Extracurricular Activities \_\_\_\_\_  
\_\_\_\_\_

List any school honors or awards you have received \_\_\_\_\_  
\_\_\_\_\_

List the science related classes you have completed and the grades you received:

COURSE	GRADE	COURSE	GRADE	COURSE	GRADE

#### III. PERSONAL STATEMENT

Provide a statement consisting of no less than 50 words. This statement should describe why you wish to participate in the Health and Science Summer Academy.

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#### IV. EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address [Street] \_\_\_\_\_  
[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_  
Contact Number ( ) \_\_\_\_\_ Alternate Number ( ) \_\_\_\_\_

#### V. PARENT/GUARDIAN INFORMATION

##### MOTHER/GUARDIAN

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_  
Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_  
[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ [H] ( ) \_\_\_\_\_ [C] ( ) \_\_\_\_\_ [W] ( ) \_\_\_\_\_  
Email \_\_\_\_\_

##### FATHER/GUARDIAN

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_  
Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_  
[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ [H] ( ) \_\_\_\_\_ [C] ( ) \_\_\_\_\_ [W] ( ) \_\_\_\_\_  
Email \_\_\_\_\_

#### VI. APPLICANT SIGNATURE

I DECLARE THAT ALL STATEMENTS AND ANSWERS OR OTHER MATERIALS THAT I MAY HAVE SUBMITTED, ARE TRUE AND COMPLETE. I AGREE THAT ANY UNTRUE OR MISLEADING ANSWER, OMISSION, CONCEALMENT OR FAILURE TO ANSWER ANY QUESTIONS COMPLETELY AND ACCURATLEY WILL BE GROUNDS FOR THE REJECTION OF MY APPLICATION.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

##### Your completed application packet should include:

Completed Program Application  
Completed Health Form  
Parental Consent forms (field trips & photo waiver)  
Signed Risk Management Waiver Form

There is a \$325.00 registration fee due by June 1, 2025  
Make checks payable to the NSU Foundation, CSET  
Health and Science Summer Academy.

PLEASE RETURN COMPLETED APPLICATION PACKETS

BY **June 1, 2025** TO:

Patrice C. Smith  
College of Science, Engineering, and Technology  
Norfolk State University  
700 Park Avenue  
Norfolk, VA 23504

# Risk Management Waiver Form

## CONSENT, WAIVER, RELEASE AGREEMENT

I, the undersigned \_\_\_\_\_, allow my child/student \_\_\_\_\_ to participate in the Health and Science Summer Academy of the College of Science, Engineering and Technology, including on-campus events and off-campus events, I do hereby release and discharge NORFOLK STATE UNIVERSITY and/or the College of Science Engineering, and Technology representatives from any and all damages on account of any injuries or illnesses sustained to my child/student while engaged the Health and Science Summer Academy at NORFOLK STATE UNIVERSITY and/or off campus, whether related or not to the activity enumerated above. I understand the risk of injury may be physical or emotional. This agreement *shall* constitute a bar of any recovery by the undersigned individually or brought for an on behalf of the child/student, and said agreement may be urged and used by NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology or its representatives as a bar to any recovery by the undersigned or by the child/student in any suit or claim instituted on account of any injury or illness sustained by the undersigned while engaged in the volunteer programs of NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology.

## HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, \_\_\_\_\_ the undersigned, release and discharge NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology representatives from any and all liability from any and all claims or damages from any accident or illness sustained to or by my child/ student while engaged in the Health and Science Summer Academy of NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology. I agree to hold harmless and indemnify NORFOLK STATE UNIVERSITY and/or the College of Science, Engineering, and Technology representatives against any loss, damages, or cost of whatsoever nature including expenditure of attorneys' fees which may be suffered as a result of any action, claim, or demand by me or my child/student or my heirs, by me, my heirs, successors, or assigns, or by any other person on his/her own behalf or for the benefit of me or my child/student.

## LOSS/DAMAGE ACKNOWLEDGEMENT

I, \_\_\_\_\_ the undersigned, will reimburse NORFOLK STATE UNIVERSITY for any damage to the University's property or loss of University's property for which the above named participant is deemed responsible.

## MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ hereby acknowledges that as a part of the Health and Science Summer Academy of the College of Science, Engineering, and Technology, there is the possibility that my child/student may need to receive medical attention due to illness, injury or accident. I understand that NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, or their representatives will make a reasonable effort to contact me (parents/guardians) in the event of illness, injury or accident to my child/student based on the circumstances. In the event that NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, or their representatives are not able to contact me (parent/guardian), or if the need for medical care appears to be immediate, then I instruct and authorize the College of Science, Engineering, and Technology representatives to consent to and authorize reasonable and necessary medical treatment for my child/student. I further agree to release NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, and *their* representatives from any liability for their efforts to secure reasonable and necessary medical treatment for my child/student as stated above. I, the undersigned, shall assume full responsibility for all medical bills, including doctor and/or hospital bills incurred by my child/student that are not covered by the NORFOLK STATE UNIVERSITY College of Science, Engineering, and Technology *Policy*. I further agree to reimburse NORFOLK STATE UNIVERSITY, College of Science, Engineering, and Technology, their representatives, and/or any other *agents*, employees, sponsors, or volunteers of NORFOLK STATE UNIVERSITY who may incur such expenses in the treatment of the accident or illness of my child/student. **By signing below, I acknowledge that I have read and understand the Risk Management Waiver Form and do hereby agree to all its terms and conditions.**

Signature of Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**The College of Science, Engineering, and Technology**  
**Health and Science Summer Academy**

**FIELD TRIP/VOLUNTEER EXPERIENCE PERMISSION SLIP**

June 18th – July 18th 2025

(PLEASE PRINT CLEARLY OR TYPE)

I give permission for my child \_\_\_\_\_ to attend the field trips (or participate in the volunteer experiences) associated with the NSU College of Science, Engineering, and Technology Health and Science Summer Academy. The purpose of the field trips/volunteer experiences is to expose participants to the various aspects of Health and Science. Participants will be transported to and from the field trip/volunteer experiences by bus or van. Lunch will be provided.

**NOTE: Your child will need to bring money for any additional items, souvenirs etc.**

Parent/Guardian's Signature \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

# The College of Science, Engineering, and Technology

## Health and Science Summer Academy

### EMERGENCY HEALTH FORM

Dates: June 18th – July 18th 2025

ALL SECTIONS MUST BE COMPLETED

#### APPLICANT HEALTH INFORMATION

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Participant's Name \_\_\_\_\_

Does the participant have allergies? \_\_\_\_\_ if yes, please identify \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Is the participant under the care of a physician for a medical condition? \_\_\_\_\_ if yes, please identify \_\_\_\_\_

Is the participant currently on medication? \_\_\_\_\_ if yes, please identify \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

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IN CASE OF EMERGENCY, CALL (include area code) \_\_\_\_\_

Name \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

#### INSURANCE INFORMATION

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Insured's Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Insured's Address (include city, state, zip) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Group Name \_\_\_\_\_

Group # \_\_\_\_\_ Policy #: \_\_\_\_\_

## The College of Science, Engineering, and Technology

# PHOTO / VIDEO / AUDIO RELEASE FORM

I, (Print Name) \_\_\_\_\_, certify that my signature being affixed below on this consent form gives permission to officials employed by the College of Science, Engineering, and Technology at Norfolk State University the full right to use my name, biography, photograph(s), videotaped image(s) and/or sound byte(s) in its recruitment, public relations, and promotional efforts. I willingly agreed to have my photograph(s), videotaped image and/or sound byte taken knowing that, if used, would be done solely for recruitment and promotional efforts on the Internet and/or in various publications in the Commonwealth of Virginia and/or throughout the United States. I further agree that no monetary compensation is implied in or expected from this release.

Biography: \_\_\_\_\_



NORFOLK STATE  
UNIVERSITY

Continue on Back if needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

**The College of Science, Engineering, and Technology**  
**Health and Science Summer Academy**  
**Alternate Pick-Up Representative**

(PLEASE PRINT CLEARLY OR TYPE)

**I. PARTICIPANT**

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Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Gender:      Male              Female

Race:    African American      White      Hispanic      Asian      Native American      Other \_\_\_\_\_

**II. SCHOOL INFORMATION**

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School Name \_\_\_\_\_

**II. ALTERNATE PICK-UP REPRESENTATIVE INFORMATION**

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**REPRESENTATIVE 1**

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_

Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ [H]    (     ) \_\_\_\_\_ [C]    (     ) \_\_\_\_\_ [W]

Email \_\_\_\_\_

**REPRESENTATIVE 2**

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_

Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Phone #: (     ) \_\_\_\_\_ [H]    (     ) \_\_\_\_\_ [C]    (     ) \_\_\_\_\_ [W]

Email \_\_\_\_\_

**VI. PARENT SIGNATURE**

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I am stating that the above listed representatives are authorized to pick-up my child from the Health and Science Summer Academy.

Signature of Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

# The College of Science, Engineering, and Technology

## Health and Science Summer Academy

### Bus Request Form (For Students on Portsmouth Side)

(PLEASE PRINT CLEARLY OR TYPE)

#### I. PARTICIPANT

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Gender: Male Female

Race: African American White Hispanic Asian Native American Other \_\_\_\_\_

#### II. SCHOOL INFORMATION

School Name \_\_\_\_\_

#### III. PARENT / GUARDIAN INFORMATION

##### MOTHER/GUARDIAN

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_

Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ [H] ( ) \_\_\_\_\_ [C] ( ) \_\_\_\_\_ [W]

Email \_\_\_\_\_

##### FATHER/GUARDIAN

Name [Last] \_\_\_\_\_ [First] \_\_\_\_\_ [MI] \_\_\_\_\_

Address [Street] \_\_\_\_\_ [Apt. #] \_\_\_\_\_

[City] \_\_\_\_\_ [State] \_\_\_\_\_ [Zip Code] \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ [H] ( ) \_\_\_\_\_ [C] ( ) \_\_\_\_\_ [W]

Email \_\_\_\_\_

#### VI. PARENT SIGNATURE

I am stating that the above listed representatives are authorized to pick-up my child from the Health and Science Summer Academy.

Signature of Parent (Guardian) \_\_\_\_\_ Date \_\_\_\_\_