



THE CYBERSECURITY SUMMER ACADEMY



IA-REDI

APPLICATION

JUNE 19- June 23, 2017

(Please Print Clearly or Type)

I. APPLICANT INFORMATION

Name [Last] _____ [First] _____ [MI] _____ Birth Date ____ / ____ / ____

Mailing Address [Street] _____ [Apt. #] _____

[City] _____ [State] _____ [Zip Code] _____

Phone 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 _____

Are your parents able to provide transportation and pick-up at 4:00 p.m. each day of the camp? Yes No

II. HIGH SCHOOL INFORMATION

School Name _____ Current GPA _____

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. ESSAY –In no less than 300 words explain how participation in this summer experience will benefit you both in the long term and the short term.

IV. EMERGENCY CONTACT

Name [Last]	[First]	[MI]
Phone Number ()	E-mail	

V. PARENT/GUARDIAN INFORMATION

Name [Last]	[First]	[MI]
Mailing Address [Street]	[Apt. #]	
[City]	[State]	[Zip Code]
Phone Number ()	E-mail	

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 ACCURATELY WILL BE GROUNDS FOR THE REJECTION OF MY APPLICATION.

Signature of Applicant _____ Date _____

Signature of Parent [Guardian] _____ Date _____

Your completed application packet should include:

- Program Application Form
- 2 Completed Recommendation Forms
- Unofficial High School transcript
- Health Form
- Essay
- Photo, Video Tape Release and ConsentForm

Please return completed application packets by *April 21, 2017*. Applications will be reviewed and notifications emailed to the email address you provided on this application during the first week of May 2017:

Dr. Cheryl Hinds
 Department of Computer Science
 Norfolk State University
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 Norfolk, Virginia 23504
 Fax: 757 823 9229



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