



# The GenCyber Summer Camp Application

Dates: July 5 - July 15, 2016

Time: 9 am - 4 pm

***ALL SECTIONS MUST BE COMPLETED***  
Applications will be accepted until all spots are filled

## 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. SCHOOL INFORMATION

School Name \_\_\_\_\_ Current GPA \_\_\_\_\_ (as of June 2016)

Grade 2015 - 2016 Academic Year \_\_\_\_\_

List your Extracurricular Activities

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List any school honors or awards you have received

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

Course	Grade	Course	Grade	Course	Grade

**III. ESSAY – Please attach a minimum typed 300 word essay which describes how your participation in this summer camp will contribute to your long term and short term goals. Also explain how you plan to distribute the information you learn to your community (family, friends, etc...)**

**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 (this form)
- Health Form
- Photo Release Form
- Unofficial School Transcript

Please return completed application packets to Fax number 757 823-9229 OR email to gencyber@nsu.edu OR mail to :

Dr. Cheryl Hinds  
 Department of Computer Science  
 Norfolk State University  
 700 Park Avenue, RTC 320  
 Norfolk, Virginia 23504

Applications will be reviewed and notifications sent to the email address provided on the application.