

Southern Illinois University Edwardsville – School of Engineering

**Application for
High School Outreach 2013
Summer Residential Program**

Which session would you like to attend? June 9 – 14, 2013 or June 16 – 21, 2013

Completed applications must be received by Friday, May 10, 2013

Please send application materials to:
Engineering Summer Camp
School of Engineering
Campus Box 1804
Edwardsville, IL 62026-1804

Student Name: _____ Date of Birth: _____

Address: _____

City, State & ZIP: _____

Email: _____

Parent or Guardian Name: _____

Address: _____

City, State & ZIP: _____

Email: _____

Home Phone: _____ Mobile Phone: _____

Contact information contained on this form is used only for communication regarding the summer camp referenced in this application only, including, but not limited to, notification of acceptance to the program.

High School you are currently attending: _____

High School Status (Next Fall): Sophomore Junior Senior

Gender: Male Female US Citizen: Yes No

Ethnicity: Asian or Pacific Islander Hispanic African American
 White, non-Hispanic American Indian

T-Shirt Size (Adult): _____

Please indicate subjects taken during high school. Indicate the letter grade received.

Algebra _____ Biology _____ Chemistry _____ Computers _____

English _____ Physics _____ Trigonometry _____

Plane Geometry _____ Solid Geometry _____

Other Science (_____) _____

Other Math (_____) _____

Scores on Standardized Tests

If you have taken one of these tests, please place a check mark for the one(s) you took, and give percentile rankings. No student will be denied admission to the program based solely upon the absence of these scores.

ACT	Composite	English	Math	Reading	Science
PLAN	Composite	English	Math	Reading	Science
SAT	Composite	Writing	Math	Critical Reading	
PSAT	Composite	Writing	Math	Critical Reading	

Haven't taken standardized tests / awaiting results

Personal Statement

On a separate sheet of paper, please provide a statement of your interest in this program and in Engineering as a possible field of study. Please limit your comments to one page.

Counselor's Recommendation

Please ask your counselor to write a brief recommendation to be included with this application.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____