We welcome your application to the California Alliance for Minority Participation (CAMP) Summer Science Academy (CSSA). If you have any questions about the Summer Academy or the CAMP Program, please contact Kika Friend, Program Director, at (949) 824-2363 (kika@uci.edu), or Leonora Pena, Program Specialist, at (949) 824-8490 (ldwillia@uci.edu), or George Vazquez, Program Specialist, at (949) 824-3479 (villegag@uci.edu).

Eligibility
To be considered for CSSA, applicants must meet the NSF criteria below:

- Declared major in Biological Sciences, Physical Sciences, Engineering, Information and Computer Sciences, Pharmaceutical Sciences, and Public Health Sciences - Not Public Health Policy.
- Chicano/Latino, African-American, Native American, or Pacific Islander: Aleutian, Marshall, Hawaiian Islands, and Alaska Natives.
- Permanent Resident or US citizens.

Please submit the following in a provided self-addressed envelope by Friday, May 12, 2017:

- This application
- Student Contract/Liability Release Form
- A Check made payable to “UC Regents” for $450.00
  Financial aid eligible students may qualify to receive a waiver. Please email Kika Friend (kika@uci.edu) for more information.
- A two-page essay which answers the following questions:
  Why are you interested in a career in science? What factor(s) influenced you to declare a science major as an undergraduate? Please describe previous research or related experience and describe interests in particular areas of research. How will your participation in this program help you achieve your goals?
- A Picture of yourself (So Smile!!!)
- The attached recommendation form completed by a high school teacher. Please have him/her mail it directly to us in one of the provided self-addressed envelopes.

**Completed 2016 - 2017 FAFSA.** The 2016-2017 FAFSA will be used to determine your financial aid eligibility for the summer. Please use the IRS Data Retrieval Tool found on: www.ofas.uci.edu (Deadline to submit is May 12, 2017)

**Completed 2017 - 2018 FAFSA**
(Deadline to submit is March 2, 2017)

**Complete the Statement of Legal Residence (SLR) by May 12th, 2017**

Please return your completed application package in the enclosed pre-stamped envelope to the following address:

University of California, Irvine
CAMP Office  Zot 1024
CAMP Summer Science Academy (CSSA)
19172 Jamboree Rd.
Irvine, CA  92697-1024

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California Alliance for Minority Participation
in Science, Engineering and Mathematics

2017 Summer Science Academy
August 5 - August 26, 2017
University of California, Irvine

CAMP SUMMER SCIENCE ACADEMY APPLICATION

UCI Student ID#: ________________________________

Full Legal Name: ________________________________

Major: __________________________________________

Ethnicity: _______________________________________

Gender: ____ Male   ____ Female

U.S. Citizenship:  ____ Yes  ____ No  ____ Permanent Resident  Date of Birth: _____ / _____ / ______

Permanent Address: ___________________________________________  E-Mail Address: _______________________________

City, State, ZIP: ___________________________________________

Permanent Phone #: (____) _____ - ___________  Voice Mail: (____) _____ - ___________

Parents’ Cell Phone #: (____) _____ - ___________

Graduate or Professional School degree objective (circle one):  Ph.D.  MD  Other: _______________

Have you completed the 2016-2017 FAFSA?  ____ Yes  ____ No
(The 2016-2017 FAFSA must be completed by May 12th, 2017 to be considered for CSSA. The 2016-17 FAFSA is used to determine financial aid eligibility for the summer. It is not to be mistaken with the 2017-2018 FAFSA.)

Have you completed the 2017-2018 FAFSA?  ____ Yes  ____ No

Person to be notified in case of an emergency: __________________________________________________________

Relationship: ____________________  Home Phone: (____) _____ - _______  Work Phone: (____) _____ - _______

Do you have any disabilities/medical conditions we should know about?  ____ Yes  ____ No
If yes, please identify: ____________________________________________________________

Your signature: ________________________________________  Date: _______________

Parent’s signature: _____________________________________  Date: _______________

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PARTICIPATION

The goals of the CAMP Summer Science Academy (CSSA) are to provide an outstanding educational experience for students in the sciences and exposure to university life. The program is focused on enhancing academic preparation, offering study-skills workshops, and educating students on the opportunities available at UCI. The long-term goal of CAMP is to increase the number of underrepresented students graduating in the sciences and pursuing graduate degrees.

Student Responsibilities

1. CSSA has established a no alcohol/no drugs policy, which will prevail throughout the program. The sale, possession, or use of alcohol or drugs is strictly prohibited. Disciplinary action will be taken against offenders and will result in dismissal from the Academy.

2. All students are required to attend and/or complete all classes, workshops, presentations, and assignments and complete all assigned work to the best of their ability. Students are responsible for consulting with faculty, teaching assistants, tutors, and mentors.

3. All students are expected to respect others and their physical environment and create a positive learning environment. Freedom of expression will be encouraged by all participants. Any personal conflicts and issues not resolved by the concerned parties should be brought to the attention of the appropriate Academy staff.

4. All students are expected to refrain from carrying/using weapons of any kind. The possession of weapons is strictly prohibited by the University of California and results in immediate dismissal from the Academy.

5. Student input and suggestions are strongly encouraged. Students are required to complete evaluations of their experience in the Academy, including various evaluations during the program and a debriefing session at the end of the program.

6. Failure to follow any of the above may result in cancellation of scholarship eligibility, CAMP Academy support services, a grade of “I” (incomplete) for the academic portion of the program, and/or dismissal from the program.

7. Students will be going home after the closing ceremony on August 26th. A parent/guardian is required to pick up the student from the Academy at this time.

Scholar’s Signature: _________________________________________ UCI ID # ____________________

Parent/Guardian Signature: __________________________________ Date: ________________

Parent/Guardian Name (Print):________________________________________

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EMERGENCY TREATMENT AUTHORIZATION

I understand that the Academy will try to contact the parent or legal guardian identified in this application in the case of Participant’s illness or injury. In case of such illness or injury, and when, in the judgment of the staff, emergency medical attention is warranted, I authorize the staff to call paramedics. If deemed necessary, I give permission for my child to be taken by paramedics or ambulance to a hospital, and for the medical staff to take whatever action necessary to meet the emergency. I understand that I am responsible for any charge(s) incurred.

(Student Initial) _____      (Parent Initial) _____

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting the information on this form is to process your application to the CAMP Summer Science Academy. University policy authorizes maintenance of this information. Furnishing all information on this form is mandatory; failure to provide such information will delay, or may even prevent completion of your registration. Information furnished on this form may be used by various University offices for registration and other academic-related purposes and will be transmitted to the state and federal governments if required by law. Individuals have the right to access this record as it pertains to themselves.

I/we have completed this application and verify that the information is true and accurate to the best of my/our knowledge. I/we understand that admission to the CAMP Summer Science Academy may be denied if any information is found to be incomplete or inaccurate.

(Student Initial) _____     (Parent Initial)_____

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

For and in consideration of permitting the undersigned Participant to enroll in and participate in activities and class instruction of the Camp Summer Science Academy given by the Regents of the University, in the City of Irvine, County of Orange, and in other cities and counties in the State of California, beginning on the second of August 2017, the undersigned Participant hereby voluntarily releases, discharges, waives, and relinquishes any and all actions or causes of action for personal injury, property damage, or wrongful death occurring to him/herself arising as a result of engaging or receiving instructions in said activity or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities or instructions may continue, and the undersigned does for him/herself his/her heirs, executors, administrators, and assigns hereby release, waive, discharge, and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators, and assigns prosecute, present any claim for personal injury, property damage, or wrongful death against the Regents of the University of California, the corporate participants in the Institute, or any of their officers, agents, servants, or employees for any of said causes of action, whether the same shall arise by the negligence or any of said persons, or otherwise. It is the intention of the undersigned Participant by this instrument to exempt and relieve the Regents of the University of California and Corporate Participants in the Institute from liability for personal injury, property damage, or wrongful death caused by negligence.

* Do you have any medical conditions (i.e. hospitalized in the last six months) that may preclude you from fully participating in any strenuous activities? Yes__ No__ If so, what? ____________________________________________
The undersigned, for him/herself, his/her heirs, executors, administrator, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against the Regents of the University of California or corporate participants in the Institute he/she shall indemnify and save harmless the same Regents of the University of California and corporate participants from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage, or wrongful death.

The undersigned acknowledges that he/she has read the foregoing two paragraphs, has been fully and completely advised of the potential dangers incidental to engaging in the activity and instructing of the CAMP Summer Science Academy, and is fully aware of the legal consequences of signing this instrument.

(Student Initial) _____           (Parent Initial) _____

HOUSING AGREEMENT
Scholars will be housed at the Middle Earth Residence Halls on the UC Irvine campus and must follow all university rules and regulations. Mentor/Resident Assistants will provide supervision in the evening and will be living in the same complex as the scholars. Should you have any questions, concerns, or problems, you must contact Kika Friend, CAMP Program Director, at (949) 824-2363, kika@uci.edu.

Parents are encouraged to visit the weekly program activities. Arrangements must be made with the Summer Academy Director.

(Student Initial) _____         (Parent Initial) _____

FIELD TRIPS
During the three-week program, students will have the opportunity to attend off-campus enrichment activities. This contract will also act as a Permission Slip.

I have read the program policies carefully and agree to abide by them. Failure to obey program and University policies will result in dismissal from the program.

Scholar’s Signature _________________________________ Date ______________ UCI ID # __________________

Parent Authorization for scholar to participate and agreement of policies and field trip(s):

Parent Signature _________________________________ Date ______________

Name, Address, phone number, and relationship of person to notify in case of an emergency:

_____________________________________________________________________________________________
_____________________________________________________________________________________________

*In case of an emergency, do you authorize immediate care from the program?     ____Yes   ____No

If the student has insurance, please write the name of the insurance company and the policy number:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
RECOMMENDATION FORM

Student Name and UCI ID#: ___________________________________

Major: ______________________________________________________

TO THE TEACHER:
Please complete this confidential form and mail it in the envelope provided. We appreciate your assistance in this student’s evaluation. The CAMP (California Alliance for Minority Participation) Summer Science Academy offers freshmen entering the University of California, Irvine, the opportunity to become acquainted with the rigors of university life via a combination of coursework and social activities.

1. What is the course that you teach the student? ______________________________________

2. How do you rate the student in terms of the following? 1-Below average, 2-Average, 3-Good, 4-Superior

   A. Integrity 1 2 3 4
   B. Maturity/responsibility 1 2 3 4
   C. Motivation/desire to learn 1 2 3 4
   D. Writing Ability/ability to reason 1 2 3 4
   E. Speech 1 2 3 4
   F. Attentiveness 1 2 3 4
   G. Curiosity 1 2 3 4
   H. Independence 1 2 3 4
   I. Originality 1 2 3 4
   J. Potential for success in a science major 1 2 3 4
   K. Ability to interact with others/concern for others 1 2 3 4
   L. Overall ability 1 2 3 4

3. What do you think is this student’s greatest strength?

4. What do you think is this student’s greatest weakness?

5. Please feel free to include additional comments on an additional page if necessary.

Teacher signature: ____________________________________________     Date:_______________

Teacher name, school address and telephone number (please print):

Name: _______________________________         School: _______________________________________

Telephone #: __________________________         Address: ______________________________________

E-mail: _______________________________        City, State, Zip: ________________________________