## Texas A&M International University



## Second Year Application

Application Submission Date: November 14, 2016 to December 20, 2016, 3:00pm

Applications will be accepted only if space is available regardless of deadlines.

**Office of Special Programs Hours:** 

Monday Friday 8:00am 5:00pm

The Office of Special Programs will be closed on: November 23 25, 2016, December 22, 2016 January 2, 2017 and January 16, 2017

\*\* Incomplete applications will NOT be accepted. \*\*

TexPREP is an 8 week, mathematics-based, academic enrichment program. It emphasizes the What: development of abstract reasoning and problem solving skills. TexPREP helps students prepare for careers in the fields of mathematics, science, technology and engineering. The program includes course work, team projects, class presentations, examinations, career awareness speakers, and special events. TexPREP is presented over the course of four summers.

TexPREP expects to enroll 30 middle school and high school students and will only be accepting Who: 36, 2<sup>nd</sup> year applications. Students are eligible if they have the interest and potential for careers in mathematics, technology, science or engineering.

June 05 - July 27, 2017 When:

Hours: 8:30A.M – 4:00P.M. (Monday- Thursday)

Texas A&M International University Where: Participants must provide their own transportation and meals.

Classes are tuition free.

#### **Application Fee**

Early Bird (November 14, 2016 to November 30, 2016, 3:00pm)- \$50.00 Regular Fee (November 30, 2016, 3:01pm- December 20, 2016, 3:00pm)- \$100.00 Late Fee (after December 20, 2016, 3:01pm)- \$200.00

#### SPACE FILLS QUICKLY!

Payment Methods: • Cash • Credit Cards (American Express, MasterCard, & Visa) • Checks Payment does not constitute acceptance into TexPREP. No Refunds will be made. Applications will be accepted only if space is available regardless of deadlines.

## **Requirements:**

-75 course average or higher in math, science, and English -Must be in good academic standing in all courses –Must have successfully completed TexPREP Year 1 -A well-written essay -Satisfactory conduct – 7<sup>th</sup> to 11<sup>th</sup> grader

#### **Application Checklist:** Attendance to TexPREP is mandatory, only 2 excused absences will be permitted. Parent/ Guardian signature/initials on designated area(s) Student signature on designated area(s) 200-300 word essay on: "In what ways did first year PREP help you? What do you hope to gain from second year PREP?" Copy of **most current** report card (must include math, science, and English grades.) \*High School students who are not currently taking some or any of these courses must <u>also</u> include an official transcript. \*Freshmen, whose report cards do not reflect their math, science, and English grades will need to attach final 8th grade report card instead of official transcript.\*

Signed Model Release Form

Cost:

Signed Agreement for Waiver, Indemnification, Assumption of Risk and Medical Treatment Authorization

Application must be brought to TexPREP office (SC126) and checked for completion. After which, online portion will be completed and payment will be required/submitted. Process is anticipated to take 10-20 minutes. Due to limited space we will not accept any incomplete applications. This includes, but is not limited to word essay count, signatures, all required course grades, and course average requirement.

### PERSONAL INFORMATION

Last Name		First Name Middle I		Middle Initial
Social Security Number	Gender	Date of B	Date of Birth	
76 11 4 11				m.
Mailing Address		City	State	Zip
Home Phone	Cell Phone			10
Home I none			CCII I IIOI	
	Prim	ary Email		
* TexPREP updates, pre-tes	t information, a	nd other notices will be	sent to this ema	il address.
	Adult '	Γ-shirt Size		
Small Medium	Large	X-Large XX	K-Large	XXX-Large
Allergies		ľ	Medical Cond	lition
CURRENT SCHOOL INFORMATION	J			
		a Lavial (Cummont C	mada)	
	7 <b>1</b> 8	e Level (Current G	11 11	
		me of School	11	
	1 0111 110			
List the activities and/or	r honors you	have received in I	mathematics	or science
(For example: gifted or advance)	ce placement	classes, science fair	s, clubs or co	mpetitions, etc.)
TEST DATE  No other test dates will be available. An email will be sent a week before the scheduled test date. It is the				
applicant's responsibility to be present for the exam. If notice is not received by 02/06/2017 please contact our				
office. Failure to test will result in withdrawal of application.				
☐ Saturday, February 11, 2017 ☐ Saturday, February 25, 2017				
SPECIAL NEEDS OR DISABILITY  To help us better assist our students on their academic success, please complete the following: Does the student				
have any special needs or disability? (Please indicate and submit a copy of IEP/ Modifications.)				
( ) No disability ( ) Hearing impaired ( ) Speech Impaired ( ) Visually impaired/blind ( ) Mobility impaired ( ) Health impaired ( ) Learning disability				
( ) Other disability or special need				

### PARENT/GUARDIAN INFORMATION

Father's Full Name		<b>Highest Grade/Degree Completed</b>			
Home Phone	Cel	ll Phone	Work Phone	Extension	
		<b>Email Address</b>			
If divorced, does child reside with you?		Legal Custody			
☐ Yes ☐ No ☐ N/A		A	☐ Yes ☐ No		
Mother'	s Full Name		Highest Grade/Degree Completed		
Home Phone	Cel	ll Phone	Work Phone	Extension	
		<b>Email Address</b>			
If divorced, does o			Legal Custody		
□Yes	No N/	A	□Yes □ No	)	
EMERGENCY CONTACT INFO	RMATION				
Full Name		Relationship	Home Phone		
Cell Phone		W	Vork Phone Extens		
PARENT/GUARDIAN'S PERM	ISSION				
· · · · · · · · · · · · · · · · · · ·					
Please <u>initial</u> to show your agreen I give permission for my child to					
		nding program that require	res the ability and motivation of my	child to	
complete daily complex classy	work and homewor	k, above and beyond star	ndard school instruction. I also under		
he/she must have or find access			05 1 1 27 201701 1 77 1		
I understand that my child must attend TexPREP every weekday from June 05 - July 27, 2017(Monday- Thursday).					
I understand that there is a maximum of TWO excused absences, for illness and bereavement only. (Early pickups or late arrivals count towards these absences.) Excessive absences will result in dismissal from program.				ps of fate	
I further understand that if my child is absent, he/she is solely responsible to ask for any assignments/tests missed.					
I authorize TexPREP to group my son or daughter where they deem best appropriate according to TexPREP's academic					
standards. This includes a combination of the student's PSAT results and an average of their subject courses.					
I understand that TexPREP has a zero tolerance policy on a child's noncompliance with all TexPREP, and/or host institution's					
rules and policies. In the event of a rule/policy violation, the site director may dismiss the child from the program or take					
away the privilege of the field trip.  I understand that I am responsible for my child's transportation and meal arrangements. I further understand that he/she must be					
in class by 8:25am and picked up promptly upon dismissal at 4:00 pm. If my child is not picked-up by 4:30pm I will be charged a \$7 daily fee.					
I understand that the designated pick-up/drop-off areas are to be followed for my own child(ren)'s safety. I further understand					
that TexPREP staff should be respected at all times. Failure to do so will lead to immediate dismissal of my child's participation.					

DIRECTIONS: Please print carefully in ink or type. Use additional paper, if necessary.

Your essay will be evaluated to determine your character, willingness to learn, and motivation to attend TexPREP. Be sure to answer the question accurately with **200-300 words**. If typed on a separate sheet, please attach to application.

Essay

n what ways did first year PREP help you? What do you hope to gain from second year PREP?	



## Texas A&M International University

## MODEL RELEASE FOR MINORS

In consideration of my engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to Texas A&M International University and those acting with the University's authority and permission, the irrevocable and unrestricted right and permission to copyright, in TAMIU's own name or otherwise, and use, re-use, publish, and re-publish photographic or electronic portraits or pictures of me or in which I may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions, thereof in color or otherwise, made through any medium at University studios or elsewhere, and in any and all media now or hereafter known for illustration, promotion, art advertising trade, or any other purpose whatsoever. I also consent to the use of any printed or electronic matter in conjuction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Texas A&M International University (TAMIU), the University's legal representatives and assigns, and all persons acting under University permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publications, thereof, including without limitation any claims for libel or invasion of privacy.

Name (Print):	SIE
PARENT AND/OR GUARDIAN	
Name (Print):	
Address:	
City: State: Zip:	
Phone:	
E-Mail:	
Signature:	

**MODEL** (Participant)

WITNESS		
Name (Print):		
Address:		
City:	State:	Zip:
Phone:		
E-Mail:		
Signature:		
Date:		

# 1876e

## TEXAS A&M INTERNATIONAL UNIVERSITY

## AGREEMENT FOR WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

I,, age	, desire to participate voluntarily in all activities of the
("Activ	vity"), which is sponsored or conducted by or under the auspices of
Texas A&M International University (	("Sponsor"), a member of The Texas A&M University System. I
am fully aware that there are inhe	nerent risks to myself and others involved with the Activity,
including but not limited to illness,	injury (including death), and loss of personal property, and I
choose to voluntarily participate in	the Activity and do voluntarily assume the above mentioned
V A A	the Activity and do voluntarily assume the above mentioned and to the person and property of others. I acknowledge that the

#### HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the Sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their respective members, officers, agents, volunteers, or employees ("RELEASEES" and/or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

#### NO INSURANCE:

I understand that RELEASES/INDEMNITEES may or may not maintain any insurance policy covering any circumstance arising from my participation in the Activity or any event related to that participation. **As such, I am aware that I should review my personal insurance coverage.** Sponsor may not carry general liability insurance to cover claims arising from the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that Sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

#### MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, I hereby give my consent for any medical treatment, rescue or evacuation services that may be required (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. I, for myself, my heirs, personal representatives or assigns, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. I, for myself, my heirs, personal representatives or assigns, further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or

## WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZTION



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concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

#### **VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:**

In signing this Agreement, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this Agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. For students engaging in extracurricular activities: I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. For students going on field trips, foreign travel or other class-related activities: I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

It is my express intent that this Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

#### SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

SIGNED this day of	, 20
Participant Signature:	
Printed Name:	
Participant's Date of Birth:	
Parent or Legal Guardian Signature:(If Participant is under 18 years old)	
Parent or Legal Guardian Printed Name: _ (If Participant is under 18 years old)	



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Participant 1	Emergency	Contact Info	rmation:	
Participant 1	Name:			
Address:				
Phone:				
UIN or Driv	ers Licenso	e #		
Student F	ac/Staff	Dependent	General Public	
	~			
Emergency	Contact Na	ime:		
Address:				
Phone:				_
Alternate Ph				
Relationship	to Partici	pant:		
				_