

**Texas A&M International University**



# **Third 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. \*\***

## Third Year Application

### Deadline: December 20, 2016, 3:00pm

**What:** TexPREP is an 8 week, mathematics-based, academic enrichment program. It emphasizes the 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.

**Who:** TexPREP expects to enroll 30 middle school and high school students and will only be accepting 36, 3<sup>rd</sup> year applications. Students are eligible if they have the interest and potential for careers in mathematics, technology, science or engineering.

**When:** June 05 - July 27, 2017  
Hours: 8:30A.M – 4:00P.M. (Monday- Thursday)

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

Classes are tuition free.

#### Application Fee

- Cost:**
- 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.

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## Requirements:

-75 course average or higher in math, science, and English

-Must be in good academic standing in all courses

-A well-written essay -Satisfactory conduct – 8<sup>th</sup> to 11<sup>th</sup> grader –Successfully completed 2<sup>nd</sup> year

### 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)   |
|  | 250- 350 word essay on: “What are your academic and/or career goals? In what ways will PREP help you accomplish these? ”  |
|  | Copy of <b>most current</b> report card (must include math, science, and English grades.)<br>*High School students who are not currently taking some or any of these courses must <b>also</b> 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   |
|  | Signed Agreement for Waiver, Indemnification, Assumption of Risk and Medical Treatment Authorization Form   |
|  | 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.   |

**Third Year Application**  
**Deadline: December 20, 2016, 3:00pm**

**PERSONAL INFORMATION**

|   |               |                          |                  |                       |
|---|---------------|--------------------------|------------------|-----------------------|
| <b>Last Name</b>  |               | <b>First Name</b>        |                  | <b>Middle Initial</b> |
|   |               |                          |                  |                       |
| <b>Social Security Number</b>   | <b>Gender</b> | <b>Date of Birth</b>     | <b>Ethnicity</b> |                       |
|   |               |                          |                  |                       |
| <b>Mailing Address</b>  |               | <b>City</b>              | <b>State</b>     | <b>Zip</b>            |
|   |               |                          |                  |                       |
| <b>Home Phone</b>   |               | <b>Cell Phone</b>        |                  |                       |
|   |               |                          |                  |                       |
| <b>Primary Email</b>  |               |                          |                  |                       |
| * TexPREP updates, pre-test information, and other notices will be sent to this email address.  |               |                          |                  |                       |
|   |               |                          |                  |                       |
| <b>Adult T-shirt Size</b>   |               |                          |                  |                       |
| <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> XXX-Large |               |                          |                  |                       |
| <b>Allergies</b>  |               | <b>Medical Condition</b> |                  |                       |
|   |               |                          |                  |                       |

**CURRENT SCHOOL INFORMATION**

|   |
|---|
| <b>2016-2017 Grade Level (Current Grade)</b>  |
| <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 |
| <b>Full Name of School</b>  |
|   |

**List the activities and/or honors you have received in mathematics or science**  
 (For example: gifted or advance placement classes, science fairs, clubs or competitions, 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 \_\_\_\_\_

**Third Year Application**  
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**PARENT/GUARDIAN INFORMATION**

|   |                   |  |                  |
|---|-------------------|--|------------------|
| <b>Father's Full Name</b>   |                   | <b>Highest Grade/Degree Completed</b>                    |                  |
|   |                   |  |                  |
| <b>Home Phone</b>   | <b>Cell Phone</b> | <b>Work Phone</b>  | <b>Extension</b> |
|   |                   |  |                  |
| <b>Email Address</b>  |                   |  |                  |
|   |                   |  |                  |
| <b>If divorced, does child reside with you?</b>                                       |                   | <b>Legal Custody</b>                                     |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |
| <b>Mother's Full Name</b>   |                   | <b>Highest Grade/Degree Completed</b>                    |                  |
|   |                   |  |                  |
| <b>Home Phone</b>   | <b>Cell Phone</b> | <b>Work Phone</b>  | <b>Extension</b> |
|   |                   |  |                  |
| <b>Email Address</b>  |                   |  |                  |
|   |                   |  |                  |
| <b>If divorced, does child reside with you?</b>                                       |                   | <b>Legal Custody</b>                                     |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |

**EMERGENCY CONTACT INFORMATION**

|                   |                     |                   |
|-------------------|---------------------|-------------------|
| <b>Full Name</b>  | <b>Relationship</b> | <b>Home Phone</b> |
|                   |                     |                   |
| <b>Cell Phone</b> | <b>Work Phone</b>   | <b>Extension</b>  |
|                   |                     |                   |

**PARENT/GUARDIAN'S PERMISSION**

**Please initial to show your agreement:**

- \_\_\_\_\_ I give permission for my child to attend TexPREP.
- \_\_\_\_\_ I understand that TexPREP is a rigorous and demanding program that requires the ability and motivation of my child to complete daily complex classwork and homework, above and beyond standard school instruction. I also understand that he/she must have or find access to a computer with internet capabilities.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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.

**Third Year Application**  
**Deadline: December 20, 2016, 3:00pm**

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

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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 **250- 350 words**. If typed on a separate sheet, please attach to application.

**Essay**

**What are your academic and/or career goals? In what ways will PREP help you accomplish these?**



# 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 conjunction 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.

I hereby certify that I am the parent and/or guardian of \_\_\_\_\_, a minor under the age of 18 years, and I hereby consent that any photographs which have been, or are about to be taken by Texas A&M International University, may be used by the University for the purpose set forth in the above authorization, signed by the minor model, with the same force and effect as if executed by me. I have read the authorization, release, and agreement, prior to its execution and I am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

### MODEL (Participant)

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT AND/OR GUARDIAN

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### WITNESS

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# 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 \_\_\_\_\_ (“Activity”), 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 inherent 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 risks as to myself and my property, and to the person and property of others.** I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

### 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 RELEASEES/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 AUTHORIZATION**

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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)*



