



**THE MATH CORPS
AT CLEVELAND STATE UNIVERSITY
SUMMER CAMP (July 17th – Aug 10th)**



**2017 APPLICATION
MIDDLE SCHOOL STUDENTS**

STUDENT INFORMATION:

1. Name: _____

2. Date of Birth: _____ 3. Gender: _____

4. Ethnicity (optional): _____

5. Address: _____

City: _____ State: _____ Zip: _____

6. Have you participated in the Math Corps in the past? Yes No

7. Grade you will be entering in **Fall, 2017**: 7th 8th

8. Name of school you currently attend: _____

9. Name of math teacher: _____

10. Do you have other family members that are applying to this program? Yes No

If yes, please list all family member names and relationship to student:

11. **Write an essay of at least 100 words** on why you would like to attend the CSU Math Corps Summer Camp and why you think you should be chosen. (Attach a separate sheet of paper.)

12. **Attach a copy of your most recent report card.**

NOTE: If your math grade(s) is below a “C-”, you must include a letter of recommendation from a teacher, administrator, or counselor with your application.

13. **Student Consent:** By signing my name below, I certify that I am committed to participating in the CSU Math Corps Summer Camp.

Signature of Student

Date

FOR OFFICE USE ONLY

Date Received: _____

Complete? Yes No

Incomplete Item Numbers:

Eligible? Yes No

Type: RET (7) NEW

REAPP: MO WL R

Database _____

Initials/Date

PARENT/GUARDIAN INFORMATION:

14. Contact Information:

A) Name: _____ Relationship: _____

Phone (1): _____ Phone (2): _____
 Home Work Cell Other Home Work Cell Other

E-mail: _____

B) Name: _____ Relationship: _____

Phone (1): _____ Phone (2): _____
 Home Work Cell Other Home Work Cell Other

E-Mail: _____

15. List two people to contact if Parent/Guardian is unavailable:

A) Name: _____ Relationship: _____

Phone (1): _____ Phone (2): _____
 Home Work Cell Other Home Work Cell Other

B) Name: _____ Relationship: _____

Phone (1): _____ Phone (2): _____
 Home Work Cell Other Home Work Cell Other

16. **Parent/Guardian's Consent:**

As the Parent/Guardian of the above-mentioned student, I certify that my child has my permission to participate in the WSU Math Corps Summer Camp/High School Bridge Program.

Name of Parent/Guardian (please print) Signature of Parent/Guardian Date

CHECKLIST

- Fully completed application
- Recommendation, if needed (see #11)
- Essay
- Copy of most recent report card

Application Deadline: Friday, March 31, 2017 by 5:00 pm

**Returning students will receive priority consideration provided their application is received by
Friday, March 3, 2017 by 5:00 pm**

Completed applications can be mailed to:
Math Corps at CSU, Attn: Lindsay Pier
Dept. of Mathematics
Cleveland State University
2121 Euclid Ave, RT1524
Cleveland, OH 44115

If you have questions:
call our office at (216) 523-7151
or email math.corps.esu@gmail.com.

Program information can be found on our
website, www.mathcorpsCLE.org.