



2nd Annual

ETS Leaders

Summer College Expedition!

Dates : July 28th-30th, 2009

Dear Applicant,

Thank you for your interest in the *ETS Leaders Summer College Expedition!* Please complete the enclosed forms with a parent or guardian. All forms must be filled out completely and legibly. Applications must be received in the ETS office no later than **Thursday, May 21th at 3:00pm** in order to be considered. Students will be notified of selection decisions via postal mail by **Wednesday, June 24th**.

Document Checklist:

- Permission Slip and Agreement
- Medical Release Form
- Application and Essays
- Current Unofficial HS Transcript

Important Dates:

- May 21st - Applications Due
- June 24th - Selection notification
- July 15th - Orientation Meeting
- July 28-30 - Trip!

If accepted into the program, you and at least one parent/guardian must attend a **mandatory** orientation meeting at CSULB on **Wednesday July 15th at 6pm** in order to confirm your spot on the trip. Please write down this date now! Details about this meeting will be sent to all accepted students.

Sincerely, the ETS Team
Edith Gutierrez and Emily Cummings
Program Coordinators

Deadline for applications to be RECEIVED by ETS is
Thursday May 21st by 3:00pm. No exceptions.

Deliver your completed application to:

your
**ETS College
Advisor Aide**
(preferred)

OR

Educational Talent Search, CSULB
6300 State University Drive Suite 255
Long Beach CA 90815
Office Phone: (562) 985-5387
Fax Number: (562) 985-8730

Please keep this coversheet for your records.

Application

Student's Last name _____ First name _____ MI _____

High School Attending _____ Grad Year _____ Date of Birth _____ **F M**
Gender (circle)

Email Address (print very clearly!) _____

Please provide your responses neatly in the spaces provided below, or attach your typed responses. Unreadable responses will not be considered. Feel free to attach an additional page if you need more space.

1. Have you ever applied for an ETS Summer program/field trip? []No []Yes, year: _____

2. Have you participated in an ETS Summer program/field trip? []No []Yes, location: _____

3. What colleges/universities have you visited before?

4. What ETS workshops, activities and/or services have you participated in? How has the ETS program been beneficial to you?

5. What is your biggest concern about college? Why?

6. What majors and/or careers are you interested in? Why?

Permission Slip and Agreement

Student's Last name	First name	MI
High School Attending	Grad Year	<div style="display: flex; justify-content: space-around;"> S M L XL </div> T-Shirt Size (circle)
		<div style="display: flex; justify-content: space-around;"> F M </div> Gender (circle)

I, _____ give permission for my son/daughter, _____
(Parent/Guardian's Name) (Student's Name)

to attend the *ETS Leaders Summer College Expedition* to be held on:

Tuesday July 28th at 6:45am - Thursday July 30th at 9:00pm.

Punctual drop-off and pick-up at the meeting location (CSULB) is the responsibility of all selected students and their parents/guardians.

If the student is selected, they and at least one parent/guardian must attend a mandatory orientation meeting at CSULB on **Wednesday July 15th at 6pm.**

The following statements must be read and signed by the student and their parent or legal guardian. Without both signatures the application is incomplete and cannot be processed.

Student Terms of Participation

1. I will respect/obey/listen to all chaperones, tour guides, and presenters at all times.
2. I will be respectful of my fellow ETS participants, including my assigned roommates, and will address any concerns with the ETS staff.
3. I will remain with the group at all times and participate in all activities as scheduled.
4. There will be no tobacco, alcohol, or illegal drugs allowed.
5. There will be no use of cell phones, iPods or any electronic devices during tours and/or presentations.
6. I will not leave any visited location with anything that does not belong to me or that I did not pay for.
7. I will be respectful of all facilities, including the bus and hotel, and understand I am responsible for any damages that occur as a result of my actions.
8. I will remain in my assigned room after lights-out.
9. There will be no charges of any kind made to rooms at the hotel.
10. I am responsible for my own belongings and will be respectful of those of others.
11. ETS is not responsible for any lost, damaged, or stolen items.

I understand the above terms of participation and agree to comply with all of them upon selection for the summer program. I understand that if I violate any of these rules my parent(s) or guardian will be called immediately and that I will be sent home at my parent's expense.

Student Signature

Date

As the parent or legal guardian of the above-signed student, I give permission for him/her to apply for and participate in this activity and I understand that if my son or daughter attends and violates any of the rules listed above, I will be responsible for the time and/or expense of sending him or her home immediately.

Parent/Guardian Signature

Date

Medical Release

Student's Last name _____ First name _____ MI _____

High School Attending _____ Grad Year _____ Date of Birth _____ Gender (circle) **F** **M**

Address _____ City _____ State _____ Zip Code _____

Home Phone: () _____ Student Cell: () _____

Parent/Guardian Name _____ Additional Parent Contact # (circle one) **WORK** **CELL**

Medical Insurance Provider _____ Doctor _____

Policy number _____ Group number _____ (if applicable)

Medical conditions or history staff should be aware of: _____

Prescription Medications: _____

Food Allergies: _____

Special Dietary Needs: none vegetarian other: _____

Emergency Contacts if Parent or Guardian is unavailable:

Name Phone Relationship

Name Phone Relationship

Medical Release: I certify that the above information is true and correct to the best of my knowledge. I do hereby give consent to Educational Talent Search (ETS) and its employees to render or seek emergency medical treatment and assistance to the participant if deemed necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above named student while attending this activity. In consideration of granting permission for the above named minor to participate in the activities sponsored by ETS, the participant and his or her parents or legal guardians hereby agree to indemnify, hold harmless, release, and forever discharge the ETS employees and/or agents from all claims and demands which the participant, his or her parents or legal guardians, or the representatives or successors of them or any person may have against California State University, Long Beach, ETS and its employees by reason of acts, illness, or injury, or other consequences arising or resulting directly or indirectly from the participation of said minor in the aforementioned ETS activities.

Parent/Guardian Signature

Date