

SOUTHERN OREGON UNIVERSITY

ACADEMY 2009 APPLICATION FORM

CHECK ONE (SESSION STUDENT PLANS TO ATTEND)

- Session A - Grades 5 & 6 (June 14-20)
 Session B - Grades 5 & 6 (June 21-27)
 Session C - Grades 7 & 8 (June 21-27)

___ NEW STUDENT OR ___ RETURNING STUDENT (DATE OF LAST YEAR ATTENDED) ___

Student Name (First, Middle, Last):		
Mailing Address:		
City:	State:	Zip:
Phone (Home):	Phone (Parent/Guardian work number):	
Cell Phone:	Email:	
Age at Start of ACADEMY 2009:	Birth date:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Relationship to Student:	
Parent/Guardian Occupation:		
School:	Grade Completed in 6/09:	
School District:	County:	

Person Nominating Student:	
Relationship to student:	How long?
Home Phone:	Work Phone:

Emergency Contact Person:	Relationship to student:	
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell Phone:

Roommate Request: We do not recommend requesting roommates. Part of the ACADEMY experience is meeting new people and making new friends. However, we will try to accommodate roommate requests if absolutely necessary.

SIGNATURES FROM BOTH ROOMMATES ARE REQUIRED!

Roommate Request:
Signatures from both roommates: /

IF TUITION ASSISTANCE APPLICATION IS NEEDED, CHECK HERE

RETURN **COMPLETE** APPLICATION PACKET TO:
 ACADEMY 2009: PRE-COLLEGE YOUTH PROGRAMS, SOUTHERN OREGON UNIVERSITY DCE
 1250 SISKIYOU BLVD. - ASHLAND, OREGON 97520 PHONE: (541) 552-6452

