

SUMMER PROGRAM 2009 APPLICATION FOR ADMISSION

Leapfrog For fast, easy and secure service, please consider applying online at www.ctd.northwestern.edu/summer.

Please check the location for which you are applying: Wilmette Glen Ellyn Palatine All-Day (grade 3 only)

Applicant Information Please type or print. You may photocopy this application for family or friends.

Applicant's Name

DATE OF BIRTH	FIRST	MIDDLE	LAST
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	2008-2009 Grade Level	

Billing/Home Address

BOX/ROUTE OR NUMBER AND STREET

CITY	STATE (PROVINCE)	ZIP	COUNTRY
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Home Phone ()	Fax ()
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Preferred E-mail Address

Check here if you **cannot** receive an acceptance packet via e-mail at address to left

T-Shirt Size (students receive a program t-shirt):	Race/Ethnicity (optional):
<input type="checkbox"/> Child Small <input type="checkbox"/> Child Medium <input type="checkbox"/> Child Large	<input type="checkbox"/> Caucasian <input type="checkbox"/> Native Alaskan/Native American
<input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Medium <input type="checkbox"/> Adult Large	<input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multiracial
	<input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander

Please include my family's name and contact information on the carpool list that will be distributed to families requesting carpool information.

Contact Information

Parent/Guardian 1 Name Dr. Mrs. Ms. Mr.

DAY PHONE ()	EVENING PHONE ()	CELL PHONE ()	E-MAIL
		FIRST	LAST

Occupation

Employer

Parent/Guardian 2 Name Dr. Mrs. Ms. Mr.

DAY PHONE ()	EVENING PHONE ()	CELL PHONE ()	E-MAIL
		FIRST	LAST

Occupation

Employer

Emergency Contact (must be someone other than parent) *Emergency contact is required.*

NAME	RELATIONSHIP
FIRST	LAST
PHONE ()	CELL PHONE ()

Application Method For details, see page 11. Prequalified Student New Student Admission Portfolio

Are you applying for financial aid? Yes No *If yes, you must enclose a completed Financial Aid Application (page 47).*

Application Checklist *Incomplete applications will not be processed. After May 22, incomplete applications are deemed inactive.*

Prequalified Students*	New Students or New Scores	Admission Portfolio (grades 2 & 3 only)
*REFER TO PAGE 11 TO CONFIRM ELIGIBILITY. <input type="checkbox"/> Successful previous CTD participation <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment & application fee <input type="checkbox"/> Late fee if applying after May 22, 2009	<input type="checkbox"/> Nationally normed test scores or CTD evaluation (please attach) <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment & application fee <input type="checkbox"/> Late fee if applying after May 22, 2009	<input type="checkbox"/> 2 Teacher recommendations (page 45) <input type="checkbox"/> Current report card <input type="checkbox"/> State test scores if available <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment & application fee <input type="checkbox"/> Late fee if applying after May 22, 2009

Course Choice(s) Please indicate how many weeks you are applying for: one week two weeks three weeks

Please indicate your course choices for the weeks you wish to attend. If you plan on attending more than one course, you must send in the \$250 tuition payment for each week-long course (\$510 for the All-Day option). Only one \$60 application fee is needed per student.

	MORNING COURSES			AFTERNOON COURSES			ALL-DAY OPTION		
	Week 1	Week 2	Week 3	Week 1	Week 2	Week 3	Week 1	Week 2	Week 3
1st choice course #									
2nd choice course #									
3rd choice course #									(no 3rd choice for All-Day option)

continued on next page

SUMMER PROGRAM 2009 APPLICATION FOR ADMISSION continued

Leapfrog

School Information

Name of School Attending in 2008–2009 _____

School Mailing Address _____

BOX/ROUTE OR NUMBER AND STREET

CITY

School Phone () _____

STATE

School Fax () _____

ZIP

Certification/Releases

We have read the Summer Program brochure and fully understand the nature of the program, admission criteria, refund and financial aid policies. We agree to abide by the rules and policies stated in this brochure, in the acceptance handbook and established during the session by the staff. As a parent/guardian, I give permission for my child to participate in the Summer Program and any related staff-supervised activities or field trips. As a student, I give CTD representatives permission to contact my parent(s), guardian(s) and/or emergency contact(s) to discuss academic, health, administrative or disciplinary matters related to my enrollment in the program. The signatures below also grant Northwestern University the right to reproduce the image and likeness of the student and his/her family members and the student's work in any publication or other media including its web site. We will make no monetary or other claim against Northwestern for such use. We certify that all statements and materials presented in the application are correct and complete, and agree that the deliberate submission of inaccurate, incomplete or misleading statements or materials constitutes grounds for revocation of admission or dismissal from the program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

SIGNATURE OF STUDENT

DATE

Family Conference

My family will participate in the "Opportunities for the Future" conference, June 27, 2009, at Northwestern University, Evanston, Illinois. # _____ Adults # _____ 4th–12th graders # _____ 1st–3rd graders # _____ PreK & K *Additional \$110 fee for families. For more information, please see page 49.*

Course Costs

An application fee of \$60 and the tuition of \$250 per course (\$510 per grade 3 All-Day course) must be submitted with the application. For applications postmarked after May 22, 2009, a late fee of \$50 must be included. Financial aid applicants should submit the \$60 application fee and a \$50 tuition deposit. Make check or money order payable to Center for Talent Development. **Please write the name of the applicant on the check or money order.** Pay by Credit Card: Visa MasterCard

NUMBER

EXPIRATION DATE

Program Information

Have you participated in a previous CTD program? Yes No

If so, which one(s): Summer Saturday Enrichment Program Gifted LearningLinks Northwestern University's Midwest Academic Talent Search

How did you hear about Center for Talent Development? Please check one.

- | | |
|--|---|
| <input type="checkbox"/> E-mail | <input type="checkbox"/> Link from another web site (Hoagie's, etc.). Which web site? _____ |
| <input type="checkbox"/> School personnel (teacher/gifted coordinator, etc.) | <input type="checkbox"/> Allen's Guide |
| <input type="checkbox"/> Saw poster at school | <input type="checkbox"/> Mailing to house. Which (postcard, brochure, etc.)? _____ |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Advertisement. In what publication? _____ |
| <input type="checkbox"/> Facebook ad | <input type="checkbox"/> Listserv. Which one? _____ |
| <input type="checkbox"/> Word of mouth referral (friends, etc.) | <input type="checkbox"/> CTD Saturday Enrichment Program speaker |
| <input type="checkbox"/> Information obtained at a show. Which one? _____ | <input type="checkbox"/> Northwestern University campus mailing |
| <input type="checkbox"/> Web search. I was looking for: _____ | <input type="checkbox"/> Other (please be specific) _____ |

SIGNATURE

DATE



Yes, I would like to help another child participate in a Center for Talent Development program by making a tax-deductible donation to the CTD Scholarship Fund in the amount of \$ _____. An additional check or money order is enclosed to cover my donation. Checks should be made payable to Center for Talent Development Scholarship Fund.

Mail completed application to: Summer Program, Center for Talent Development, 617 Dartmouth Place, Evanston, IL 60208-4175.

For Office Use Only

REC'D _____ CK# _____ CK DATE _____ CK AMT \$ _____ ADM _____ DENY _____ COURSE# _____