

APPLICATION FOR ADMISSION 2011-2012 page 1 of 2

SATURDAY ENRICHMENT PROGRAM

Apply online at www.ctd.northwestern.edu/sep

Please type or print. You may photocopy this application for family or friends. Check online for up-to-date course availability.

Applicant Information

Applicant's Name _____

Date of Birth _____ 2011-2012 Grade Level _____

Prequalified or returning applicants: Please check box if any of your contact information has changed and enter current information below.

Billing/Home Address _____
BOX/ROUTE OR NUMBER AND STREET

CITY _____ STATE _____ ZIP _____

Home Phone () _____ E-mail _____

Gender Male Female Race/Ethnicity (optional) Select one or more of the following ethnicities that best describes you.
No information you provide will be used in a discriminatory manner.
 White Black or African-American American Indian or Alaska Native
 Asian Hispanic or Latino Native Hawaiian or Pacific Islander Other

Contact Information

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

Day Phone () _____ Evening Phone () _____ Cell Phone () _____ E-mail _____

Occupation _____ Employer _____

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

Day Phone () _____ Evening Phone () _____ Cell Phone () _____ E-mail _____

Occupation _____ Employer _____

Emergency Contact *other than parents/guardians required. This person must be available on Saturdays when your child is in class.*
 Name _____

Phone () _____ Cell Phone () _____

Please check if you **cannot** accept an e-mail acceptance packet. Please include our family for **carpool information**.

Application Method *For descriptions of the following, see page 12, "Who Can Participate."*

Prequalified or Returning Applicant New Student or New Scores Admission Portfolio

Application Checklist *Application forms will only be processed once all relevant materials have been received.*

Prequalified Applicants*	New Applicants or New Scores	Admission Portfolio
<small>*PLEASE REFER TO PAGE 12 OF THE BROCHURE ONLINE TO CONFIRM THAT YOU ARE ELIGIBLE AS A PREQUALIFIED APPLICANT</small> <input type="checkbox"/> Successful previous CTD participation in same subject area <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment <input type="checkbox"/> Late fee if applying after March 31, 2012	<input type="checkbox"/> Nationally normed test scores or CTD evaluation (please attach) Date _____ <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment <input type="checkbox"/> Late fee if applying after March 31, 2012	<input type="checkbox"/> 2 Teacher recommendations (download from www.ctd.northwestern.edu/sep/downloads) <input type="checkbox"/> Current or last year's report card <input type="checkbox"/> Nationally normed state test scores (if available) <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment <input type="checkbox"/> Late fee if applying after March 31, 2012

Are you applying for financial aid? Yes No
If yes, please enclose a completed Financial Aid Application and the first two pages of your latest income tax form (see page 15 of the brochure online).

Course Choice(s)

Please indicate your first, second and third course choices. If you would like both a morning and afternoon course, you must fill out a second application. Please choose only courses your child would enjoy. Be sure your child has taken any prerequisites.

Choice	Course Number	Course Title	SEP
1st choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Palatine <input type="checkbox"/> Chicago
2nd choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Palatine <input type="checkbox"/> Chicago
3rd choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Palatine <input type="checkbox"/> Chicago

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School Information

Name of School _____ Type of school: Public Private/Independent Parochial Home School

School Mailing Address _____
BOX/ROUTE OR NUMBER AND STREET

CITY _____ STATE _____ ZIP _____
 School Phone () _____ School Fax () _____

Certification/Releases

Saturday Enrichment Program General Information

We have read the Saturday Enrichment Program/Accelerated Weekend Experience 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 Saturday Enrichment Program/Accelerated Weekend Experience and any related staff-supervised activities or field trips. As a student, I give CTD representatives permission to contact my parent(s), guardians(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 University 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.

Data Collection & Research: By participating in a CTD program, we understand that any data we supply with the application or that is generated as a result of participation in the program is collected in CTD's databases, which are stored on a secure server maintained by Northwestern University staff only, and that aggregated and de-identified information may be used for program evaluation, quality assesment, strategic planning and research purposes. CTD will maintain appropriate safeguards to protect the security, integrity and privacy of students' personal data.

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE SIGNATURE OF STUDENT DATE

Is there anything else you wish to share with us that will help us better meet your child's needs?

Course Costs

Total Cost: \$310, *includes* non-refundable processing fee of \$60; Survey of High School Lab Science Honors totals \$430 which includes a \$120 lab fee. Additional fees for robotics classes. After March 31, 2012, add a \$25 late fee to all applications. Any applications received after Tuesday, April 10 will be considered for the second week of class and must include a \$75 late fee.

Make check or money order payable to: Center for Talent Development. Visa MasterCard Discover Diner's Club
 Please write name of student and program on check or money order. _____
NUMBER EXPIRATION DATE

Program Information

Have you participated in a previous CTD program? Yes No
 If yes, which of the following (please check all that apply): Summer Saturday Enrichment Program Gifted LearningLinks
 Civic Education Accelerated Weekend Experience
 Were you a Northwestern University Midwest Academic Talent Search (NUMATS) participant? Yes No Last year of participation _____
 How did you *first* hear about Center for Talent Development?
 Received catalog/postcard mailed to home Library Church
 Fair/conference/school presentation Word-of-mouth referral (friends, relatives, etc.)
 School personnel (teacher, school counselor, etc.) Received e-mail Listserv
 Web search (I was looking for: _____) Flyer sent home from school with student
 Other Talent Search Centers, e.g., Duke, Johns Hopkins Northwestern University campus mailing
 Advertisement in _____ Link from another web site, e.g., NAGC, Hoagies: _____
 _____ Other (please be specific) _____



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 \$ _____
 Checks should be made payable to Center for Talent Development Scholarship Fund.
 An additional check or money order is enclosed to cover my donation.
 Include in my credit card payment.

Mail completed application to:

Saturday Enrichment Program, Center for Talent Development, 617 Dartmouth Place, Evanston, IL 60208-4175 or hand deliver to 625 Noyes Street, Evanston, IL. After March 31, 2012 only, you may fax to 847/491-3394.

For Office Use Only

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