

# SATURDAY ENRICHMENT PROGRAM APPLICATION FOR ADMISSION

## Winter 2010

For fast, easy and secure service, please consider applying online at [www.ctd.northwestern.edu/sep](http://www.ctd.northwestern.edu/sep)

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

### Applicant Information

Applicant's Name

FIRST MIDDLE LAST

Date of Birth 2009–2010 Grade Level

Prequalified students: 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 ( ) Fax ( ) E-mail

Gender  Male  Female Race/Ethnicity (optional)  Caucasian  Native Alaskan/Native American  
 African-American  Asian/Pacific Islander  Hispanic  Multiracial  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 required. This person must be available on Saturdays when your child is in class.

Name

FIRST LAST RELATIONSHIP  
 Phone ( ) Cell Phone ( )

Please check if you **cannot** accept an e-mail acceptance packet.

Please include my child's name on the **carpool list**.

Please indicate where you would like your end-of-session evaluation to be sent:

E-mail  Street Address *If neither is checked, your e-mail will be used.*

### Application Method *For descriptions of the following, see page 11, "Who Can Participate."*

Prequalified 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
*PLEASE REFER TO PAGE 11 TO CONFIRM THAT YOU ARE ELIGIBLE AS A PREQUALIFIED APPLICANT. <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 December 26, 2009	<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 December 26, 2009	<input type="checkbox"/> 2 Teacher recommendations (pages 17 & 18) <input type="checkbox"/> Current report card <input type="checkbox"/> State test scores if available <input type="checkbox"/> Completed application <input type="checkbox"/> Course payment <input type="checkbox"/> Late fee if applying after December 26, 2009

Are you applying for financial aid?  Yes  No *If yes, please enclose a completed Financial Aid Application (pages 19 & 20) and your tax forms. (see page 13).*

### Course Choice(s)

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

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

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# SATURDAY ENRICHMENT PROGRAM APPLICATION FOR ADMISSION continued

## Winter 2010

### 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 ( ) \_\_\_\_\_

For High School Credit Participants Only: Would you like a copy of your child's transcripts forwarded to the school above?  Yes  No

IF YES, PLEASE PROVIDE THE NAME AND TITLE OF THE SCHOOL OFFICIAL TO RECEIVE TRANSCRIPTS

### Certification/Releases

I, \_\_\_\_\_, hereby grant Northwestern University permission to interview my child,  
NAME OF PARENT OR LEGAL GUARDIAN  
 \_\_\_\_\_, to photograph my child, and his/her family members, and publish her/his work and  
NAME OF CHILD  
 any such photographs on its web site, and in any and all of its publications and in any and all other media, whether now known or here-  
 after existing, controlled by Northwestern University, in perpetuity, and for other use by the university. I will make no monetary or other  
 claim against Northwestern for the use of the interview or any published work.

We have read the Saturday Enrichment Program brochure and fully understand the nature of Saturday Enrichment Program courses, admission criteria, and financial policies. We agree to abide by the rules and policies stated in this brochure. As a parent/guardian, I give permission for my child to participate in the Saturday Enrichment Program. The signatures below also grant Northwestern University the right to reproduce the student's image, likeness, or work in publications and other media. As a student, I agree to work with diligence. We further certify that all statements and materials presented as part of the application process are correct and complete and agree that the knowing 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

### Course Costs

Total Cost: \$375, *includes* non-refundable application fee of \$60; Integrated Science Honors totals \$470 which includes a \$95 lab fee. After December 26, 2009, add a \$25 late fee. Any applications received after 5:00 pm on January 6 will be considered for the second week of class and must include a \$75 late fee. AWE totals \$250. Applications will not be accepted after 5 pm on the Wednesday before class.

Make check or money order payable to: Center for Talent Development.  Visa  MasterCard

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

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 at home
- Fair/conference/school presentation
- School personnel (teacher, school counselor, etc.)
- Web search (I was looking for: \_\_\_\_\_)
- Other Talent Search Centers, e.g., Duke, Johns Hopkins
- Advertisement in \_\_\_\_\_
- Word-of-mouth referral (friends, relatives, etc.)
- Received e-mail  Listserv
- Flyer sent home from school with student
- Northwestern University campus mailing
- 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 bring to 625 Noyes Street, Evanston, IL. After December 26, 2009 only, you may fax to 847/491-3394.

### For Office Use Only

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