# SATURDAY ENRICHMENT PROGRAM APPLICATION FOR ADMISSION
## Spring 2007

*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 2006–2007 Grade Level

Billing/Home Address

BOX/ROUTE OR NUMBER AND STREET

CITY STATE ZIP

Home Phone ( ) Fax ( )

Student's (or Parent's) Email Address

Gender ☐ Male ☐ Female

Race/Ethnicity (optional) ☐ Caucasian ☐ Native Alaskan/Native American ☐ African-American ☐ Hispanic ☐ Other ☐ Asian/Pacific Islander ☐ Multiracial

☐ Please include my child's name on the **carpool list** that will be distributed on the first day of class to families who have checked this box.

☐ Please email my child's acceptance packet. I understand I will not receive an additional one in the US mail.

☐ Returning students: Please check box if any of your contact information has changed.

### Contact Information

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

FIRST LAST

Day Phone ( ) Evening Phone ( ) Cell Phone ( ) Email

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

FIRST LAST

Day Phone ( ) Evening Phone ( ) Cell Phone ( ) Email

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 ( )

### Application Method *For descriptions of application methods, see page 12.*

☐ Returning Student ☐ New Student ☐ Portfolio

☐ Returning Student with new test scores

Are you applying for financial aid? ☐ Yes ☐ No

If yes, please enclose a completed Financial Aid Application and your tax forms.

### Application Checklist *Application forms will **not** be processed until all relevant materials have been received.*

| Returning Students* | New Students or New Scores | Admission Portfolio |
|---|---|---|
| *PLEASE REFER TO PAGE 12 TO CONFIRM THAT YOU ARE ELIGIBLE AS A RETURNING STUDENT. | ☐ Nationally normed test scores or CTD evaluation (please attach) Date _____ | ☐ 2 Teacher recommendations (pages 17 & 18) |
| ☐ Successful previous CTD participation in same subject area | ☐ Completed application | ☐ Current report card |
| ☐ Completed application ☐ Course payment | ☐ Course payment | ☐ State test scores if available |
| ☐ Late fee if applying after March 30, 2007 | ☐ Late fee if applying after March 30, 2007 | ☐ Completed application |
| | | ☐ Course payment |
| | | ☐ Late fee if applying after March 30, 2007 |

### 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 2 applications. Please only choose classes your child would enjoy. Be sure your child has taken any prerequisites.

| Choice | Course Number | Course Title | Site | | |
|---|---|---|---|---|---|
| 1st choice | | | ☐ Evanston | ☐ Glen Ellyn | ☐ Gurnee |
| 2nd choice | | | ☐ Evanston | ☐ Glen Ellyn | ☐ Gurnee |
| 3rd choice | | | ☐ Evanston | ☐ Glen Ellyn | ☐ Gurnee |

*continued on next page*

# SATURDAY ENRICHMENT PROGRAM APPLICATION FOR ADMISSION continued
## Spring 2007

### School Information

Name of School _____ Is this a home school? ☐ Yes ☐ No

School Mailing Address _____
BOX/ROUTE OR NUMBER AND STREET

_____
CITY STATE ZIP

School Phone ( ) School Fax ( )

High School Classes Only:
Would you like a copy of your child's transcripts forwarded to school? ☐ Yes ☐ No
IF SO, 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
_____, and publish her/his work on its website, and in any and all of its publications and
NAME OF CHILD
in any and all other media, whether now known or hereafter 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 web-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. I will make no monetary or other claim against Northwestern for such use. 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: $270, *includes* non-refundable application fee of $50 (Integrated Science Honors totals $365 which includes a $95 lab fee)
After March 30, 2007, a $25 late fee must be included.
Make check or money order payable to Center for Talent Development.
Please write name of student and program on check or money order.

☐ Visa ☐ MasterCard

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __/__ __
NUMBER EXPIRATION DATE

_____
SIGNATURE DATE

### Program Information

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

CENTER *for* TALENT DEVELOPMENT®
**SCHOLARSHIP FUND**

☐ 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.
☐ Included 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 March 30, 2007, you may fax to 847-491-3394.

### For Office Use Only

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