

# SATURDAY ENRICHMENT PROGRAM APPLICATION FOR ADMISSION

## Spring 2008

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 \_\_\_\_\_ 2007–2008 Grade Level \_\_\_\_\_

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

- Please check if you cannot accept an e-mail acceptance packet. I understand I will not receive an additional one in the US mail.  
 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.  
 Returning students: Please check box if any of your contact information has changed.

### 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 *other than parents* required. *This person must be available on Saturdays when your child is in class.*

Name \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

FIRST LAST RELATIONSHIP

### Application Method

*For descriptions of application methods, see page 12, "Submitting an Application."*

- Returning Student  New Student  Returning Student with new test scores  Portfolio

### Application Checklist

*Application forms will only be processed once 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. <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 29, 2008	<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 29, 2008	<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 March 29, 2008

Are you applying for financial aid?  Yes  No  
 If yes, please enclose a completed Financial Aid Application and your tax forms.

### 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 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"/> Gurnee
2nd choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Gurnee
3rd choice			<input type="checkbox"/> Evanston <input type="checkbox"/> Naperville <input type="checkbox"/> Gurnee

*continued on next page*

# SATURDAY ENRICHMENT PROGRAM APPLICATION FOR ADMISSION continued

## Spring 2008

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

### 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 Web site, 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 29, 2008, add a \$25 late fee. Applications received after 5:00 pm on 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. 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 yes, which of the following (please check all that apply):  Summer  Saturday Enrichment Program  Gifted LearningLinks  Civic Education  
 Were you a Midwest Academic Talent Search (MATS) participant?  Yes  No Last 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 e-mail  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) \_\_\_\_\_



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 29, 2008, you may fax to 847-491-3394.

### For Office Use Only

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