

South Country Education Foundation

STUDENT SUMMER STUDY GRANTS

REQUEST TO APPLY and PARENTAL CONSENT FORM

Name _____

Address _____

Grade Level in September 2018 _____

E-mail _____

Program that you are applying for at Stony Brook University. Please circle one:

1. Exploration in Forensics Camp (high school)
2. Physics Summer Program (high school)
3. Science Exploration Camp (grades 6-9)

Please give us a brief reason why you are interested in this program:

Student Signature

Print Name

Date

I give permission for my child to apply, and if accepted, attend a summer study program at Stony Brook University. The \$50 deposit paid by the South Country Education Foundation shall be reimbursed by the student if they do not attend.

Parent Signature

Print Name

Date
