

South Country Education Foundation

STUDENT SUMMER STUDY

REQUEST TO APPLY and PARENTAL CONSENT FORM

Name _____

Address _____

Grade Level in September 2019 _____

E-mail _____

Parental phone contact _____

Program that you are applying for _____

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.

Parent Signature

Print Name

Date
