

# South Country Education Foundation

## STUDENT SUMMER STUDY

### REQUEST TO APPLY and PARENTAL CONSENT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Grade Level in September 2023 \_\_\_\_\_

E-mail \_\_\_\_\_

Parental phone contact \_\_\_\_\_

Program that you are applying for \_\_\_\_\_

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

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Student Signature

Print Name

Date

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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

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