

ROSES ELEMENTARY SCHOOL CAMP

Southern University at New Orleans

Application Form

Please complete this form and return it along with a copy of your transcript/report card (by **12:00 Noon, May 27, 2017**), to: ROSES CAMP, Southern University at New Orleans, New Science Building 321, 6400 Press Drive, New Orleans, LA 70126. For additional information call: (504) 286-5036, Fax: (504) 284-5475, or e-mail: melaasar@suno.edu

Name _____ SS# _____
Last First Middle

Address _____
Number Street City State Zip Code

Date of Birth _____ Gender: Male ___ Female ___
MM/DD/YY

Ethnicity: Black ___ Hispanic ___ Native American ___ Other _____

Current School _____

School Grade _____ T-Shirt Size _____ (Youth/Adult)

Favorite Subject _____

Have you participated in our camp before? Yes No

How did you hear about this program?
___ School ___ Parent ___ Friend ___ Website ___ Other [_____

Parent/Guardian's Name _____ Work Number _____

Phone Number _____ Cell Number _____ E-mail _____

Emergency Contact: _____ Phone Number: _____

Name

The Roses Elementary School Camp will run from June 12 – 23, 2017

What do you expect to get out of this camp?

Student's Signature

Date

Parent/Guardian's Signature

Date

Your signature indicates that you validated the accuracy of information provided above.

Important: Applications without a transcript will not be processed.