

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 N, June 1st, 2018**), 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

Choose a session: 2nd, 3rd, and 4th June 4 – 15, _____ or 5th, and 6th June 18 – 29,

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.

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