

2008 CTY Language Immersion Summer Program Application

Part I. Applicant Information (Please type or print legibly in black ink.)

Name: _____
Last First M.I.

Gender(circle one): M F Student ID#: _____ Birth date: ____/____/____ Email: _____
Month Day Year

Race/Ethnicity (circle all that apply, optional) A. Native American or Native Alaskan B. Asian or Pacific Islander C. Black or African American
D. Latino/Other Hispanic E. White or Caucasian F. Other

Part II. Parent/Guardian Information

Mother or Guardian

Name: _____
Title Last First

Email: _____

Employer: _____

Position: _____

Day Phone Number: (____) _____

Cell Phone Number: (____) _____

Who is the custodial parent? Both Mother Father Other: _____

Father or Guardian

Name: _____
Title Last First

Email: _____

Employer: _____

Position: _____

Day Phone Number: (____) _____

Cell Phone Number: (____) _____

Part III. Student Address Information

Student Home Address: _____
Street, Route, or Box Apartment Number

City State Zip Code Home Phone: (____) _____

Mother Address (if different): _____
Street, Route, or Box City State Zip Code Home Phone: (____) _____

Father Address (if different): _____
Street, Route, or Box City State Zip Code Home Phone: (____) _____

Part V. School Information

Current Grade: _____ School Name: _____

Type of School: Public Private/Independent Parochial Home Schooled

School Phone: (____) _____ School Address: _____

I am applying for financial aid. Financial aid form and required documentation must be enclosed.

Applicant's Name: _____

Part VI. Course Choices

Please check one:

Are you applying for any other CTY summer program? Yes No

Please indicate your CTY Language Immersion course preferences by writing "1st" next to your first choice, "2nd" next to your second choice, and so on. If you do not wish to be placed in a particular course, leave the space next to it blank. For course descriptions, link to www.cty.jhu.edu/summer/immersion.

- _____ Arabic
- _____ Chinese
- _____ French
- _____ Spanish

In the lines below, please check all languages studied, followed by the number of years studied.

- _____ Arabic Number of years studied: _____
- _____ Chinese Number of years studied: _____
- _____ French Number of years studied: _____
- _____ Spanish Number of years studied: _____
- _____ Other languages studied Please describe: _____ Number of years studied: _____

Language(s) used in your home: _____

All courses run from June 29 to July 25. Space is limited. Course assignments are made on a first come, first served basis. Courses will be assigned on a rolling basis beginning January 3rd. For course assignment purposes, applications received on or before January 3rd will all be considered to have arrived on the same date. If on January 3rd there are more applications than space available, CTY will use an additional selection process. We encourage you to apply on line (www.cty.jhu.edu/summer) or fax your applications to 866-548-8021. For questions about the registration process, please call 800-393-6095 or email ctyreg@jhu.edu.

Applicant's Name: _____

Part VII. Student & Parent Agreement (Signatures required)

We have read the information describing the 2008 CTY Language Immersion Summer Program. We understand that we should notify our student's school officials of our intended educational program, and that we are solely responsible for negotiating for credit and/or placement with the school.

If assigned to a course, we agree the student will follow all rules and guidelines for student conduct, including the Center for Talented Youth Honor Code and MMLA Language Pledge. We realize that CTY reserves the right to ask the student to leave the program for medical, disciplinary, or other reasons. If asked to leave, we understand the student must depart the program immediately, and we will arrange for such transportation. If the student is asked to leave for disciplinary reasons, we understand that tuition will not be refunded, and that the student may not be allowed to attend future CTY summer programs. We understand that under extenuating circumstances it may be necessary for CTY to search students' rooms and belongings unannounced, in the interest of the students' and others' safety and wellbeing.

Parents/Guardians:

I understand that:

- ▶ The enclosed tuition deposit (as specified on page A4) will be refunded only if all courses requested are canceled, if CTY is unable to place my child in any of his or her choices, or if my child has documented medical reasons.
- ▶ My deposit will be processed immediately upon receipt of my application and does not mean my child will be placed in a course.
- ▶ Tuition will be refunded as outlined in the catalog and only for serious non-academic reasons, such as the applicant's withdrawal for certified medical conditions.
- ▶ The application fee will not be refunded in any case.
- ▶ The balance of this account is my responsibility, to be paid in full in accordance with the due date on the invoice.
- ▶ Student registrations may be withdrawn for accounts with unpaid balances.
- ▶ I am responsible for the cost of repairing or replacing any property that my child damages at the site.
- ▶ I am responsible for any incidental expenses which are not covered by the tuition, room, and meals fees.
- ▶ I am responsible for any medical costs incurred by my child while enrolled in the program.
- ▶ Should my child be assigned to a course, I must have all required Medical Forms (provided in the Course Assignment Packet) properly completed by the appropriate deadline. I understand that my child will not be admitted to the program if the properly completed forms are not returned.

I give permission for:

- ▶ My child to participate in CTY-sponsored trips off campus, including but not limited to class field trips. I understand that my child will be supervised by CTY staff.
- ▶ My child to be videotaped, photographed, and interviewed for broadcast or publication, and/or have a sample of his or her work broadcast or published. I understand that CTY will exercise discretion regarding media contact.
- ▶ My child to complete all tests and surveys that CTY deems necessary in evaluating program effectiveness.

Signature of Parent/Guardian: _____ Date: _____

Signature of Applicant: _____ Date: _____

Mail applications to:
Johns Hopkins University
CTY Registration
McAuley Hall
5801 Smith Ave., Suite 400
Baltimore, MD 21209

Applicant's Name: _____

Part VIII. Tuition and Fees

Application Fee and Tuition Deposit:

An application fee of \$50 and a tuition deposit (see below) must be submitted with the application. Full tuition is \$4000, which includes all meals.

Check all applicable boxes below.

| | | | |
|--|--------------|-------|--------|
| <input checked="" type="checkbox"/> Nonrefundable Application Fee (required) | \$50 | _____ | \$50 |
| <input checked="" type="checkbox"/> Tuition Deposit | \$1200 | _____ | \$1200 |
| <input type="checkbox"/> Donation to help an underprivileged student attend CTY this summer* | optional | _____ | |
| | TOTAL | _____ | |

Part IX. Payment Information

Payment Instructions:

By check: Make all checks payable to JHU/CTY, and write the student's name and Student ID number, if known, on the check. You will be billed later for the balance of payment.

By credit card: The tuition deposit and application fee will be charged at the time of application. You will be billed later for the balance of payment.

I have enclosed Check # _____ dated _____
Month Day Year

Name of person signing check (please print): _____

Charge my: MasterCard Visa Account number: _____ - _____ - _____

Name of cardholder (print): _____ Exp. Date: _____

I authorize payment of \$ _____.

Signature of cardholder: _____

Tuition Remission Voucher is enclosed.

If paying by credit card, only submit your application once, either by fax or US mail. Duplicate applications may result in duplicate charges. If you have not received a confirmation notification within seven days, please contact the Registration Office.

*CTY is a self-supporting division of Johns Hopkins University (JHU). Your gift is tax deductible in accordance with the Internal Revenue Service Code. Any past due balance will be paid first with any funds received. JHU's current annual financial statement is available by telephoning 410-516-4959.

| | |
|------------------------------|----------------------|
| Office Use Only: | |
| Deposit Ticket Number: _____ | Approval Code: _____ |