

# CTY Family Academic Programs Registration Form

Email, fax or mail this form with your Financial Aid Application to:

Email: [ctyfam@jhu.edu](mailto:ctyfam@jhu.edu), Fax: 866-832-8621 or mail: CTY Family Academic Programs, McAuley Hall, Baltimore, MD 21209

## Participant Information *(Please print)*

Name of CTY Student Attending	CTY Student ID# Required	Grade/Age
Name of Adult Attending	Relationship to Student	
Street Address	City/State/Zip Code	
	Work Phone Number	
E-mail Address	Cell Phone Number	

Program for which you are registering				
Program Code	Program Date	Number of Participants	Price per Person	Total Cost
		2	\$135	\$270
		2	\$125	\$250
			Total:	\$250

## Pathways to College **Grades 9-12**

Host	Date(s)	Cost Per Person	Program Code
Johns Hopkins University	Sat, 5/18/19	\$135	COL.JHU
University of San Diego	Sat, 6/22/19	\$125	COL.USD

Applying for financial aid.

Questions? Contact us at 410-735-6115 or [ctyfam@jhu.edu](mailto:ctyfam@jhu.edu)

# Liability Release, Indemnity and Photo Release



*A parent or legal guardian of the student, or the student if the student is age 18 or older, is required to read and sign the following agreement as a condition of the student's participation in the CTY program.*

The undersigned has read the schedule of activities for the Johns Hopkins Center for Talented Youth (CTY) Family Academic Program (<http://cty.jhu.edu/family/>) and accepts any and all risks thereof. The undersigned recognizes and acknowledges that any such educational activities can result in physical injury, accident, illness, death, loss of personal property, or other contingencies which may befall participants while being involved with the program. The undersigned has read and understands the terms and conditions of Family Academic Programs participation ([cty.jhu.edu/family/register](http://cty.jhu.edu/family/register)).

The undersigned agrees to indemnify and hold harmless the Johns Hopkins University, the Johns Hopkins Center for Talented Youth, and their officers, faculty, staff, and volunteers (collectively, the "Johns Hopkins University Parties") from liability of any kind, including but not limited to the undersigned's negligent acts and/or omissions, and those of his or her child or children, delays, inconveniences, injuries, or death, or for the loss of or damage to the undersigned or his or her child or children's personal property, or for the loss or damage of any other persons' personal property for which he or she or his or her child or children are the cause, however occurring during this CTY program or relating to this CTY program.

This agreement is for the benefit of the Johns Hopkins University Parties only. Third parties, such as common carriers, hotels, and travel agents, are not released from liability for their acts by this agreement. This agreement is covered by the laws of the State of Maryland without regard to the conflict of laws, provisions, and principals of Maryland law.

CTY may photograph participants during the program. These photographs will be used only by CTY to further the purpose of its educational mission and for future promotional materials. If you have any questions about CTY's use of these photos, please feel free to contact CTY Family Academic Programs at [ctyfam@jhu.edu](mailto:ctyfam@jhu.edu) or 410.735.6115.

I, the undersigned, give permission for CTY to use photography taken during the program of me and my child or children to further the purpose of its educational mission and for future promotional materials. I understand that CTY will use these photographs to further the purpose of its educational mission and for promotional purposes, such as CTY's Annual Report and future Family Academic Programs catalogs. I understand that there is no compensation provided for CTY's use of these photographs, and that all images are the property of CTY.

## Parent/Guardian/Student Over 18 Signature

By signing your name in the space below, you indicate that you are over age 18 or are the parent/guardian of the student enrolling in the program and that you have read and agree to the above terms.

I agree

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy

# Financial Aid Application CTY Family Academic Programs

**Postmark Deadline: Two Weeks Prior to Program Start Date**

You must provide the following information in order to be considered for financial aid from CTY:

- Completed and signed CTY Family Academic Programs Registration Form.
- Completed and signed CTY Family Academic Programs Financial Aid Application.
- Copy of Parent(s) most recent *complete federal* tax return, including Schedule B, C/C-EZ, D, E, F, W2/1099 forms and any non-taxed income statements (i.e. SSI, child support, etc.)

**INCOMPLETE FINANCIAL AID APPLICATIONS WILL NOT BE PROCESSED.**

Early applications are strongly encouraged to ensure full consideration for LIMITED Space and FUNDING.

## Part 1 Student Information

(Please type or print legibly in black ink)

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last First M.I.

Student's Address: \_\_\_\_\_  
Street, Route, or Box City State Zip

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent Evening Phone Number: (\_\_\_\_) \_\_\_\_\_

Series of Choice: Pathways to College Parent Cell Phone Number(\_\_\_\_) \_\_\_\_\_

Parent Email: \_\_\_\_\_

Program Selected: \_\_\_\_\_

Program Cost: \_\_\_\_\_

Is the Student a U. S. Citizen: \_\_\_Yes \_\_\_No  
 If no, explain \_\_\_\_\_  
 If Student Applicant is not a U.S. Citizen, is he/she an eligible Permanent U.S. Resident? \_\_\_Yes \_\_\_No  
*\*If yes, please attach a copy of the student's permanent resident card.*

## Part 2 Family Information

Parent's Martial Status: (Check all that apply): \_\_\_Single \_\_\_Married \_\_\_Separated \_\_\_Divorced \_\_\_Widowed \_\_\_Mother Remarried  
 \_\_\_Father Remarried \_\_\_Domestic Partnership

Student currently lives with (check all that apply): \_\_\_Father \_\_\_Mother \_\_\_Stepparent \_\_\_Other \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Current Year Gross Annual Salary: \_\_\_\_\_ Current Year Gross Annual Salary: \_\_\_\_\_

Are parent(s) required to file a Federal Tax return? Yes \_\_\_ No \_\_\_

Parent(s) **ESTIMATED Annual Income NEXT YEAR:** \_\_\_\_\_

Excluding the student, list all dependent's in the household. If a dependent is a student, please list name of school and the amount of financial aid awarded for the most recent Academic Year. Attach additional page, if necessary.

	Name	Relationship to Applicant	Age	Name of School	Financial Aid Received
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

### Part 3 Additional Information

Name of school that the applicant is currently attending : \_\_\_\_\_  
\_\_\_Public or Charter School \_\_\_Private or Independent School \_\_\_Other \_\_\_\_\_

Is the student on a reduced fee or free lunch plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received financial aid for CTY programs in the past? Yes \_\_\_\_\_ For which program? \_\_\_Summer \_\_\_CTYOnline \_\_\_FAP

Does the student have any siblings currently applying for CTY programs? Yes \_\_\_ No \_\_\_ If yes, please list below:

\_\_\_\_\_  
Name(s) of sibling(s)

### Part 4 Other Resources

Current value of cash/savings/checking accounts: \$ \_\_\_\_\_

Current value of investments (i.e., stocks, bonds, CDs, etc., not including retirement accounts): \$ \_\_\_\_\_

Total monthly child support received for all children: \$ \_\_\_\_\_

Current value of any other resources received for the family: \$ \_\_\_\_\_

### Part 5 Annual Expenses

Do parents rent or own the home? \_\_\_OWN \_\_\_RENT Mortgage/rent payment: \_\_\_\_\_/year

Uninsured medical/dental expenses:.....(documentation required) \_\_\_\_\_/year

Tuition paid for other children:.....(documentation required) \_\_\_\_\_/year

Student loan repayment:.....(documentation required) \_\_\_\_\_/year

Other (please explain):.....(documentation required) \_\_\_\_\_/year

### Part 6 Special Circumstances

On a separate sheet of paper or below, please explain your need for financial assistance and any special circumstances affecting your ability to pay for CTY program costs. If you were not required to file a tax return or you have not yet filed a tax return, please explain here and submit all income documentation. **Please note that special circumstances must be documented to be considered.**

Please review the Financial Aid Checklist on the front of this form to ensure you are submitting a complete application.

**I certify that all information provided is accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**NOTE: Financial Aid funding is limited. An award in a previous year does not guarantee an award this year; a completed financial aid application must be submitted to be considered for funding each year.**