

JULY EXPERIENCE @ Davidson College

APPLICATION

July 4-24, 2010

WEB SITE: www.davidson.edu/julyexperience

Completed application packet, to be mailed by the applicant, must be postmarked on or before April 1, 2010. (Type or print legibly)

1. Print Full Name

Last First Middle Name you wish to be called

2. Address Home _____
Street & Number City State Zip Code
Telephone () _____ Student Cell Phone # () _____

E-mail address _____ T-shirt Size _____
List the email that you can check frequently and access when school is not in session. You will be contacted mainly through email.

3. Place of Birth _____ Date of Birth _____

Age _____ Male _____ Female _____

Ethnic/Cultural background _____

4. Family: Father/Guardian Mother/Guardian

Name _____

Home Address _____

Email _____ (if different from Father/Guardian)

Occupation _____

Position _____

Employer _____

Education _____

(Give colleges attended, if any, and degrees earned)

Work Phone # () _____ () _____

5. If church member, give denomination _____

6. List the secondary school you attend: () _____
Grade Name of School

Street City State Zip

Telephone # of School () _____ Dates of Attendance _____

Current Principal _____ Current Counselor _____

Principal's Email _____ Counselor's Email _____

7. Estimate the tenth of your class in which you rank scholastically: (circle one)

First Second Third Fourth Fifth Lower

8. Indicate the number of units you will have completed by the end of the year: English ____; Algebra ____; Geom. ____; Foreign Language ____; Social Studies ____; Science ____; Others: 1) ____ 2) ____ 3) ____

9. Please record your PSAT/SAT scores: Math _____ Critical Reading _____ Writing _____

10. Parent's Consent: As the (parent, guardian), I certify that my (son, daughter, ward) has my permission to participate in the program for secondary school students. It is my understanding that he/she will register and be subject to the regulations of Davidson College and the JE program. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such treatment as deemed necessary by competent medical personnel is authorized. A photocopy of the applicant's health insurance card is required with the application.

Signature of Parent or Guardian

Date

I give July Experience permission to photograph my child for media publications, brochures, and web material that promote July Experience only.

Signature of Parent or Guardian

Date

11. On a separate sheet, attach a typed essay of about 300 words explaining why you wish to participate in this particular program and what you have done and are doing to prepare yourself for the future.

12. COURSES OF INSTRUCTION (Refer to course description attachment or website for description of courses)
Each student will take two courses taught Monday thru Friday by Davidson College professors. **THE TWO COURSES MUST BE FROM DIFFERENT SUBJECT AREAS.** From the following list, please indicate in the spaces provided your first, second, and third choices. To ensure small class sizes, students may be assigned a second or third choice.

8:30 am Classes

1:30 pm Classes

- 1. Literature and Writing: East & West (English)
- 2. Skulls, Bones and Clandestine Graves (Anthropology)
- 3. Climate Change & Energy Choices (Chemistry)
- 4. Listening to Fear: Music & Visual Media (Music)
- 5. The Family and Justice (Political Science)

- 1. Watching Closely: How to Study & Make Movies (English)
- 2. Hitler and Nazi Germany (History)
- 3. On the Shoulders of Giants (Mathematics)
- 4. Work and Occupations in Modern Society (Sociology)
- 5. Cassandra's Dilemma: Challenging Persuasion (Writing)

First Choice _____
Second Choice _____
Third Choice _____

First Choice _____
Second Choice _____
Third Choice _____

13. How did you first hear of the July Experience Program?

____ Davidson's Admissions Dept.
____ JE Program brochure
____ Advertisement (please specify)

____ JE Postcard
____ Guidance counselor
____ Other (please specify)

____ Search engine
____ Friend/relative

14. Name(s) of siblings who have attended other programs at Davidson. _____

15. What other summer programs are you applying to? _____

16. Students are expected to participate in the full three-week program.

17. _____
Date of Application Signature of Applicant

NOTE: The applicant is responsible for mailing the following materials. 1. Application, 2. Essay, 3. Principal's recommendation in sealed envelope, 4. Counselor's recommendation in sealed envelope (includes transcript). Completed applications are to be postmarked on or before April 1, 2010.

