

The University of Akron-Women in Engineering Program
See UA Summer Camp
Student Application
(First priority is given to students that have not attended this camp previously)

Step 1: Fill out the information below

Student Name: _____ School: _____

Grade entering Fall 2012 : **9th 10th 11th 12th** T-Shirt Size: **S M L XL**

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ email: _____

Parent/ Guardian Name: _____

Parent/Guardian Day Phone Number: _____

To obtain proper security clearances from some of the companies we will be visiting, please check your country of citizenship: USA _____ Other (list country) _____

Required Signatures:

Applicant _____ Date _____

Parent/Guardian _____ Date _____

Step 2: Teacher/Counselor Recommendation: Ask one teacher or guidance counselor who knows you well to fill out the enclosed form. Recommendations should be mailed directly from the teacher/counselor to the WIE program office (not given back to the student).

Step 3: Student Essay: Please attach to this application a typed essay of at least 250 words, addressing why you want to participate in this camp and learn about careers in engineering.

Residential Camp Registration Fee: \$450.00

Day Camp Registration Fee: \$250.00

Please do not pay camp registration fee until you have been accepted to camp. No money should be sent with this application. Some scholarships are available for demonstrated need.

Step 4: Mail application materials by March 31st, 2012 to:

Women in Engineering Program – See UA Camp
The University of Akron
Akron OH 44325-3901

Contact Information: Mrs. Heidi Cressman, Director, Women in Engineering Program
(330) 972-7701 phone e-mail: wiep@uakron.edu
(330) 972-5162 fax website: www.wiep.uakron.edu

**The University of Akron
Women in Engineering Program
See UA Summer Camp for Girls**

Teacher/Counselor Recommendation

Student's Name _____
Last
First
Middle Initial

Teacher's Name _____ Telephone No. _____
 Subject(s) Taught to Student _____ () current teacher () past teacher
 School Name _____ How long have you known this student? _____
 School Address _____
Number & Street
City
State
Zip

Please rate the candidate	Excellent	Above Average	Average	Below Average
Mastery of basic skills				
Original thinking				
Analytical ability				
Participation in extra-curricular activities				
Maturity				
Integrity				
Interest in learning				
Peer relations				
Ability to work independently				
Oral and written expression				

In an attached letter, please address:

- Student's academic standing and ability
- Student's maturity and classroom behavior
- Why the Engineering Summer Camp would be a good experience for the student

Please indicate your overall evaluation of this student relative to their potential participation in Women in Engineering Program Multiplying Your Options Summer Camp for Girls at The University of Akron

- () I strongly recommend () I recommend
 () I recommend with reservation () I do not recommend

Signature _____ Date _____

Mail recommendation by **March 31st, 2012** to: Women in Engineering Program – See UA Camp
 The University of Akron
 Akron OH 44325-3901

Contact Information: Mrs. Heidi Cressman, Camp Director, Women in Engineering Program
 330-972-7701 phone e-mail: wiep@uakron.edu
 (330) 972-5162 fax website: www.wiep.uakron.edu

The University of Akron
Summer Experience in Engineering
Financial Aid Application
To be completed by Parent(s) or Guardian(s)

Student Name _____
Last First Middle

Student lives with: _____ Mother _____ Father _____ Both Parents _____ Guardian

Others (Please specify) _____

PARENT/ GUARDIAN INFORMATION

Father's Name _____
Last First Middle

Address _____
Street Apt # City State Zip

Telephone (Home) () (Work) ()

Occupation _____ Employer _____

Yearly Salary _____

Highest Grade Completed (Please Check) 8 9 10 11 12 GED

Technical Degree AA Degree BA or BS Degree Other (please explain)

Mother's Name _____
Last First Middle

Address _____
Street Apt # City State Zip

Telephone (Home) () (Work) ()

Occupation _____ Employer _____

Yearly Salary _____

Highest Grade Completed (Please Check) 8 9 10 11 12 GED

Technical Degree AA Degree BA or BS Degree Other (please explain)

Guardian's Name _____
Last First Middle

Address _____
Street Apt # City State Zip

Telephone (Home) () (Work) ()

Occupation _____ Employer _____

Yearly Salary _____

Highest Grade Completed (Please Check) 8 9 10 11 12 GED

Technical Degree AA Degree BA or BS Degree Other (please explain)

Parent/Guardian Signature _____ **Date:** _____