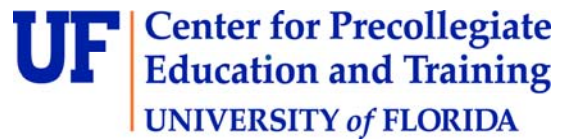


GATOR COMPUTING PROGRAM 2017

JUNE 4-16

APPLICATION FORM



Completion checklist: ___ Application ___ Essay ___ Teacher Endorsement Form ___ First Semester Report Card/Transcript (with cumulative GPA)

Instructions:

Please type or print neatly. Applications are due March 17th. Applications received after March 17th will be reviewed until all program spots are filled. Interested applicants are encouraged to submit their complete application as soon as possible. A complete application consists of: application form, short answer responses, teacher endorsement form from a science and/or math teacher in a sealed and signed envelope, and a copy of applicant's first semester report card/transcript. Teachers may choose to submit endorsements directly to the program by email, mail or fax.

Email forms to: gcp@cpet.ufl.edu with subject "[your name] Gator Computing Program 2017 Application" OR

Mail forms to: Gator Computing Program Selection Committee University of Florida Center for Precollegiate Education and Training PO Box 112010, Yon Hall Room 334 Gainesville, FL 32611-2010 Phone: (352) 392-2310

STUDENT INFORMATION

Name: _____
Last Name First Name Middle Name you like to be called

Home Address: _____
Street City State Zip

Birth date: ____/____/____ Gender: [] Male [] Female T-Shirt Size (adult): [] S [] M [] L [] XL [] XXL
Month Day Year

Parent Email: _____ Home Phone: (____) _____ - _____
(All program updates will be communicated via email. Please ensure you have a functioning email address listed.)

Student Email: _____ Student's Cell: (____) _____ - _____
(All program updates will be communicated via email. Please ensure you have a functioning email address listed.)

Complete High School Name: _____ Grade level: _____ County: _____

How did you find out about the Gator Computing Program? (check all that apply)
[] School Visit [] Teacher [] Social Media [] Website [] Friend/Relative [] Email [] Other (please specify) _____

Parent/Guardian's Name: _____ Relationship: _____
Last Name First Name

Occupation and Employer: _____ Cell or Work: (____) _____ - _____
Parent/Guardian 1

Parent/Guardian's Name: _____ Relationship: _____
Last Name First Name

Occupation and Employer: _____ Cell or Work: (____) _____ - _____
Parent/Guardian 2

SHORT ANSWER

Your personal short answers allow us to know you as an individual, independent of grades and course work. Your short answers are a reflection of your thoughts and feelings and as such, written exclusively by you. Your typed electronic signature at the bottom of this application certifies that the words written for the short answers are your own. Please compose a typed 150 to 250-word answer for the prompt below.

Prompt 1: Please describe your interest in attending the Gator Computing Program and what you hope to learn through your participation.

PARENTAL CONSENT

As the parent(s)/guardian(s) of a student applying to Gator Computing Program at the University of Florida, I/we certify that, if selected, he/she has my/our permission to participate in this program for precollege students. I/we understand program participants will be required to follow the rules and regulations of the host institution and the program. UF and program rules and regulations along with additional program participation forms will be sent to families after a student is selected to attend. I/we are responsible for returning program forms and program fees in a timely manner. Program fees are non-refundable. I/we certify that the information contained in all application materials is true, complete, and correct with no material omissions of fact(s) that are or should be known to me/us.

___ I understand that checking this box constitutes a legal typed electronic signature confirming that I acknowledge and agree to the above Parental Consent.

Student _____
Signature date

Parent/Guardian _____
Signature date

Parent/Guardian _____
Signature date