



# [BEW Summer Specials 2012]

## Application Form

128 Wheeler Road Suite 301, Burlington, MA 01803

Tel: 339.234.5255/5256/5257

Fax: 339.234.5258

Email: bostoneduorg@gmail.com

### Previous Summer Experiences

List any previous summer activities, programs, internships, travel or working experience. Feel free to attach a separate statement if you wish.

Dates (Starts – End)	Name / Location	Description

### Personal Conduct

Have you ever been found responsible for a disciplinary violation at any Elementary/ Secondary school or summer program you have attended, whether related to academic misconduct or behavioral misconduct that result in your probation, suspension, removal, dismissal, or expulsion from the institute?      No      Yes

Have you ever been convicted of a misdemeanor, felony, or other crime?      No      Yes

If you answered Yes to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.

### Applicant statement of interest

Please address the following issues

- Have you ever participated in any previous Engineering and/or Mathematical Science development program? If so, please identify and describe your development from it.

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- Your top three learning objectives if admitted to the BEW Summer Special program 2012.

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- What in particular about the BEW Summer Special program 2012 has influenced your decision to apply?

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The information below is confidential and will be used only in case of emergency.

**Medical Conditions**

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**Prescriptions**

Medication \_\_\_\_\_ Ordering Physician/ Phone # \_\_\_\_\_

Medication \_\_\_\_\_ Ordering Physician/ Phone # \_\_\_\_\_

**Allergies to medicine, food, insects, etc**

Specific allergy \_\_\_\_\_ Recommended Treatment \_\_\_\_\_

Specific allergy \_\_\_\_\_ Recommended Treatment \_\_\_\_\_

**Health Insurance Information**

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

**Certification by parent/guardian**

By signing below, you certify that you have legal custody of the applicant and that you give permission to the applicant to participate in the BEW Summer Special program. Permission is granted for your child to appear in group(non-individual) pictures in future promotional materials. You agree to be responsible for any expenses incurred, and to maintain health insurance/travel insurance throughout the course of the program to cover any medical treatment/ emergencies that might arise during the program.

If accepted, student agrees to abide by all federal, state, and local laws as well as the BEW Summer Special program policies including, but not limited to, adherence to meeting times, curfews, and codes of conduct.

*Any violations may result in immediate dismissal from the program and return transportation expenses will be at student's /Parent's expense with no refunds in housing or tuition fees.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Date