

DCU Summer Scholars

2017 Summer Programme (2-week) Application Form

For Secondary School Students (12-17 years)

Application Deadlines

Early Application Deadline	Friday, 27 th January 2017
Financial Aid Deadline	Friday, 24 th March 2017
Normal Application Deadline	Friday, 7 th April 2017
Balance of Fees Deadline	Friday, 26 th May 2017

Post your application to:

Summer Scholars Programme,
CTY Ireland,
Dublin City University,
Dublin 9.

Application Information

Complete all parts of the Application Booklet

All parts of the booklet must be completed. Medical Forms will be included in acceptance packs and should be signed and returned promptly.

Application & Fee Deadlines

Early Application Deadline	Friday, 27 th January 2017
Financial Aid Deadline	Friday, 24 th March 2017
Normal Application Deadline	Friday, 7 th April 2017
Balance of Fees Deadline	Friday, 26 th May 2017

Avoiding delays in the application process

Applications will not be processed unless full information is provided. An incomplete application slows down the application process and causes unnecessary confusion and delay. Please review your application carefully before posting it as incomplete applications will be returned.

The following items cause delay in the application process:

Missing signatures: Both the student's signature and a parent/guardian's signature are required on the application form.

Fee not enclosed: The application fee (which includes the €100 registration fee) is required as part of the application.

Requests for Receipts

If you wish to receive a receipt for payment of fees, please enclose a **STAMPED ADDRESSED ENVELOPE**. Receipts are only prepared when the full fees are received.

2017 Summer Scholars Application Form

PLEASE TYPE OR PRINT LEGIBLY IN INK. BE SURE TO COMPLETE ALL INFORMATION

Student Information

CTYI Student No. _____ (as per mailing envelope)

Full Name _____
 First Name _____ Last Name _____ M.I. _____

Date of Birth: ____/____/____ Sex: M / F
 Day Month Year

Home Address: _____

Home Tel No. _____ Student Mobile No. _____

Student Email _____

School Name _____ Year at School _____

Parent/Guardian Information

Father _____
 Last Name _____ First Name _____

Address (if different) _____

Home # _____ Mobile # _____ Work # _____

Email Address _____ Place of Employment & County _____

Mother _____
 Last Name _____ First Name _____

Address (if different) _____

Home # _____ Mobile # _____ Work # _____

Email Address _____ Place of Employment & County _____

Custodial Parent

Who is the custodial parent of student? (Circle your response)

Mother Father

Both Parents

Other _____

Office Use	Date Rec	Payment by	Amount	Auth Code	Date of Trans
Application					
Balance					

Special Needs

Does your child have any special educational needs? (Please circle as appropriate)

Dyslexia Dyspraxia Dyscalculia ADHD

Asperger's Syndrome ODD

Other (please specify) _____

Does your child have an SNA at school? Yes / No

If there is any further information that will assist your child in the classroom, please indicate here.

Previous Participation at CTYI

Please tick all programmes that you participated in previously.

CTYI Young Student Programme for 6-13 year olds	<input type="checkbox"/>	CTYI Older Student Programme for 12-17 year olds	<input type="checkbox"/>
CAT Young Student Programme 6-13 year olds	<input type="checkbox"/>	CAT Older Student Programme for 12-17 year olds	<input type="checkbox"/>
	<input type="checkbox"/>	DCU Summer Scholars	<input type="checkbox"/>

Previous Course Title (most recent)	Programme	Year

Course Request

Indicate your chosen courses in order of preference (1 = 1st preference, etc.). Your choices may include a number of different courses. **COURSES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS.**

Summer Scholars 2017 26 th June – 7 th July	
Course	Choice #
App Design & Development	
Engineering	
Law	
Medicine	
Music Production	
Psychology	

I understand that the course choices made above are my own, and I am willing to accept preference choices if allocated to me.

Student Initial _____ (required)

Student Signature

THIS STATEMENT MUST BE READ CAREFULLY, THEN SIGNED AND DATED BY APPLICANT.
I have read the materials describing the 2017 Summer Scholars Programme.

If accepted, I will follow the guidelines and rules established for all aspects of the programme. I realise that if I do not, I may be required to leave the programme without refund, and that furthermore, this may result in my not attending Summer Scholars classes in the future.

I will complete all tests and surveys that CTYI deems necessary in evaluating programme effectiveness.

Signature of Applicant (student)

Date

Signatures of Parents/Guardians

THIS STATEMENT MUST BE READ CAREFULLY, THEN SIGNED AND DATED BY APPLICANT'S PARENTS OR LEGAL GUARDIANS:

I have read the materials describing the 2017 Summer Scholars Programme, including the preceding statement signed by my child, and I approve of my child's application for admission.

I have enclosed the registration fee. I understand that the initial deposit will not be refunded unless the course is cancelled or if CTYI are unable to place my child on any of his or her choices, if I have applied for financial aid but there is insufficient financial assistance available, or if my child has documented medical reasons.

Tuition fees may be refunded on a prorated basis only for serious non-academic reasons, such as the applicant's withdrawal for certified medical conditions.

I understand that once the course has been accepted by me the fees are non-refundable.

I understand that the balance of this account is my responsibility and that all student fees must be paid by due dates. All fees must be paid in full before my child arrives on campus.

Student registrations may be withdrawn for accounts with unpaid balances.

I am responsible for any medical costs incurred by my child while enrolled in the Programme.

I understand that I am responsible for any loss, damage or injury sustained by third parties as a result of the willful activities or negligence of my child and that I will also be responsible for the cost of repairing or replacing any property that my child damages at the site.

I am responsible for any incidental expenses which are not covered by fees.

I give permission for my child to participate in Summer Scholars sponsored (and supervised) field trips.

I realise that CTYI reserves the right to ask the student to leave the programme for medical, disciplinary or other reasons. If asked to leave for disciplinary reasons we understand that tuition fees will not be refunded and that the student may not be allowed to attend future CTYI summer programmes.

I give permission for my child to be videotaped, photographed, interviewed, and/or have a sample of his or her work published. I understand that CTYI will exercise discretion regarding media contact.

In addition, I agree to permit my child to complete all tests and surveys that CTYI deems necessary in evaluating programme effectiveness.

I designate the person named below to act on my behalf and to receive my child if I cannot be contacted in case of a breach of rules, expulsion or emergency.

I designate the person named below to act on my behalf and to receive my child if I cannot be contacted in case of a breach of rules, expulsion or emergency.

Name

Contact Phone #

Contact Phone #

Address

Signature of Mother (or Legal Guardian)

Signature of Father (or Legal Guardian)

Date

APPLICATIONS WITHOUT PARENTAL AND STUDENT SIGNATURE ARE INVALID

Commuter Fee Information

Session Cost

€500**

Fees include registration and tuition only. Books if required for a particular course are included in this fee.

Financial Aid

Students wishing to apply for financial aid should contact Orla Dunne on 01 700 7051 before sending in their application. Please note that €100 must be included when submitting a student application form.

We can only accept the registration fee by debit/credit card. Applications for financial aid must be received by 24th March 2017.

Payment Deadlines

Upon Application

€300 must be enclosed with your application.

Early application deadline**: Friday, 27th January 2017

Application deadline: Friday, 7th April 2017

Balance of Fees

€200 must be paid by Friday, 26th May 2017.

Students will not be permitted to attend the Summer Programme until all fees have been paid.

** Applications paid in full and received before the Early Application Deadline (27th January 2017) are eligible for a fee reduction of €50. If availing of the early application deadline (by paying the full amount), then the total fee is €450.

Commuter Application Fee Payment Form

Student Name

Date of Birth

Student Number

A minimum amount of **€300** is required upon application. Full payment may be paid at this time also. Don't forget that applications paid in full and received before Friday, 27th January 2017, get a €50 discount.

Credit & Debit Card Payment

Please charge my: Visa MasterCard Laser *(please circle)*

Name of Card Holder *(please print)*

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____
Credit/Debit Card Number

Card Expiry Date

Amount to be charged

Signature of Cardholder

Date to be Processed

Cheque, Bank Draft or Postal Order Payment

Please make cheques payable to "**CTYI**" and cross with words Account Payee Only. **Write Student's Name on the back of the cheque.** If paying by this method, please attach this form to the application form. Use the balance of fees form when sending in the remainder.

Donations CTYI Access

CTYI has a limited budget to provide financial assistance to students who find it difficult to cover the cost of attending our programmes. If you think you may be able to donate money to this great cause please tick one of the boxes below. If you are paying by cheque please make one payment with the total amount including your fees and if paying by credit card please indicate the total amount that you authorise to take off the card. An Anthology of Writing book will be sent to each family which makes a contribution.

€10

€20

€30

€50

€100

€____ other

If you are making an additional donation, please include in the Amount line above.

Commuter Balance of Fees Payment Form

Student Name

Date of Birth

Student Number

The balance of fees is **€200**.

Credit & Debit Card Payment

Please charge my: Visa MasterCard Laser *(please circle)*

Name of Card Holder *(please print)*

____ - ____ - ____ - ____ - ____ - ____ - ____ - ____
Credit/Debit Card Number

Card Expiry Date

Amount to be charged

Signature of Cardholder

Date to be Processed

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€10

€20

€30

€50

€100

€_____ other

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