

DCU Summer Scholars Application Form 2019

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

Student Information

CTYI Student No. _____ (as per mailing envelope)

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

Date of Birth: ____/____/____ Gender: _____ Student Mobile No. _____
 Day Month Year

Home Address: _____

Home Tel No. _____ Student Email _____

School Name _____ Year at School _____

Family Information

Parent/Guardian 1

 Last Name _____ First Name _____
 Relationship to Student _____
 Address (if different) _____

 Home # _____ Work # _____
 Mobile # _____
 Email Address _____

Parent/Guardian 2

 Last Name _____ First Name _____
 Relationship to Student _____
 Address (if different) _____

 Home # _____ Work # _____
 Mobile # _____
 Email Address _____

Custodial Parent

Who is the custodial parent of student?)

- Parent/Guardian 1
 Parent/Guardian 2
 Both
 Other _____

Office Use Only	Date Rec	Pay 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) _____

Course Request

Indicate your chosen courses in order of preference (1 = 1st preference, etc.). Your choices may include a number of different courses and/or a number of different sessions.

COURSES ARE ALLOCATED ON A FIRST COME FIRST SERVED BASIS.

DCU Summer Scholars June 23 rd - July 5 th	
Course	Choice #
App Design	
Cutting Edge Science	
Law	
Medicine	
Psychology	
Zoology	

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 2019 DCU Summer Scholars Programme, and I fully understand that eligibility for the programme is based on Talent Search scores or educational psychologist's report.

If accepted, I will follow the guidelines and rules established for all aspects of the programme. I realize 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 CTYI classes in the future.

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

*Signature of Applicant (student)

Date

Parents/Guardians Consent Form

This statement must be read carefully. It must be signed and dated by the applicant's parents or legal guardians.

I certify that I have read the materials describing the 2019 DCU Summer Scholars Programme, including the preceding statement signed by my child, and I approve of my child's application for admission.

I consent and agree that the personal data relating to the applicant provided on this form will be used by CTYI for the purposes of processing this application for this course. This personal data will be retained until your child reaches the age of 21 years old and then destroyed. CTYI will be the data controller in respect of such personal data. For further information on CTYI's data processing, including your data protection rights, please see our website <http://www.dcu.ie/ctyi/CTYI-Policies.shtml>

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 offered to 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 CTYI 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 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.

***Signature Parent/ Guardian 1**

***Signature Parent/ Guardian 1**

Date

Application & Fee Deadlines

*****Early Application Deadline.....Friday, 1st February 2019**
Financial Aid Deadline.....Friday, 22nd March 2019
Normal Application Deadline.....Friday, 5th April 2019
Balance of Fees Deadline.....Friday, 10th May 2019

Post Applications To:

DCU Summer Scholars Programme

CTYI

DCU

Dublin 9

Application Fee Payment Form

Student Name

Date of Birth

Student Number

*****Early Application Deadline** Receive a €50 fee reduction when **Paying in Full** upon application.

Credit & Debit Card Payment

Please charge my: Visa MasterCard Laser (please circle)

_____ - _____ - _____ - _____
Credit/Debit Card Number

Card Expiry Date

Name of Card Holder (please print)

Tick Amount to be Taken:

€350

Early Application Fee (if paying in full)

€500

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.

€10

€20

€30

€50

€100

€____ other

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

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Please Note:

**Course places are allocated on a
first-come, first-served basis.**