

UNIVERSITY of WASHINGTON  
COLLEGE OF ENGINEERING  
Student Academic Services

## Juniors...

Are you ready to study engineering at the University of Washington? **You can be ready.** Live in college dorms for four weeks on the UW Seattle Campus and work on college-level math problem-solving skills. Learn about engineering with UW engineering students, faculty, and industry professionals. Prepare for a future in engineering... all at NO COST for GEAR UP students at your school.

2010 UNIVERSITY OF WASHINGTON - COLLEGE OF ENGINEERING

# Mathematics Academy

July 11 - August 6

# 2010

## Application Packet

- **ABOUT THE UW COLLEGE OF ENGINEERING MATH ACADEMY:** The Math Academy is an intensive, four week residential session held on the Seattle UW Campus in the summer. Students engage in coursework created by UW math faculty designed to develop the skills necessary to meet the high standards of college level math and engineering. Students also have enrichment opportunities to explore the range of career opportunities available to engineers.
- **WHO CAN ATTEND THE MATH ACADEMY:** The academy recruits students who attend one of the GEAR UP Scholars Project schools or GEAR UP for Student Success Network (GU4SS) schools. Applicants should be **juniors** (at time of application), having demonstrated strong performance in a **pre calculus math course** (its equivalent or an advanced course), and an interest in studying **engineering** at the UW.
- **HOW MUCH DOES IT COST TO ATTEND THE ACADEMY:** This opportunity is offered at NO COST to GEAR UP students. However, parents are responsible for student transportation to and from campus at the beginning and end of the program. Parents may also wish to provide extra spending money for use during field trips and recreational activities.

Completed applications should be submitted via **mail** to: UW College of Engineering Mathematics Academy  
LOEW 14E, Box 352180  
Seattle, WA 98195 2180

Or by **FAX** to:

FAX: 206 543 0863

Application Deadline: **Friday April 2, 2010**

Students will not be considered until all forms and materials are submitted and complete.

Selected applicants will receive a welcome confirmation packet in early May. Applicants who are selected will be required to attend an orientation at the UW Seattle campus on **Saturday, June 19th from 9AM 1PM** for program information, and to complete a math and problem solving skills assessment. If you do not receive a confirmation packet by May 7th, 2010, contact the Math Academy coordinator at [creadej@u.washington.edu](mailto:creadej@u.washington.edu) to verify your application status. For further questions, please contact the Math Academy office at (206) 616 3280.



# MATHEMATICS ACADEMY

UNIVERSITY of WASHINGTON

College of Engineering  
2010 Application

# MATHEMATICS ACADEMY APPLICATION SUN JULY 11 – FRI AUG 6, 2010

## APPLICATION INSTRUCTIONS:

OPTION 1: PRINT this application packet and complete neatly in ink. Submit with required **signatures**, and other **required documents** by the application due date. Applications may be submitted via postal mail or fax.

OPTION 2: FILL-IN this application form electronically, and PRINT. Submit with required signatures, and other **required documents** by the application due date. Applications may be submitted via postal mail or fax.

## STUDENT INFORMATION

### STUDENT NAME

First: \_\_\_\_\_ Middle Initial(s): \_\_\_\_\_ Last: \_\_\_\_\_

Gender (*Please check*):  M  F Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

### MAILING ADDRESS

\_\_\_\_\_  
*Street Address or PO Box*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

PHONE NUMBERS ( ) \_\_\_\_\_ - \_\_\_\_\_ Please Check : Home Work Cell

( ) \_\_\_\_\_ - \_\_\_\_\_ Please Check : Home Work Cell

STUDENT EMAIL (1) \_\_\_\_\_  
(required)

(2) \_\_\_\_\_

T-SHIRT SIZE Please Check : SM M L XL XXL XXXL

### ETHNICITY (PLEASE CHECK ALL THAT APPLY)

Black or African American  American Indian or Alaska Native  Asian

Native Hawaiian or other Pacific Islander  Latino or Hispanic  White

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email: [creadej@u.washington.edu](mailto:creadej@u.washington.edu)

website: <http://www.engr.washington.edu/alumcomm/mathacademy.html>



# MATHEMATICS ACADEMY

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# EMERGENCY CONTACT INFORMATION

TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: \_\_\_\_\_

Gender Please Check :      M      F      Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

### Parent/Guardian Name (primary emergency contact):

First: \_\_\_\_\_ Last: \_\_\_\_\_

### Parent/Guardian Address:

\_\_\_\_\_ Apt # \_\_\_\_\_

*Street Address or PO Box*

*Apt #*

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*City*

*State*

*Zip*

### Primary Emergency Contact Phone Numbers:

(      ) \_\_\_\_\_ - \_\_\_\_\_ Please Check :      Home      Work      Cell

(      ) \_\_\_\_\_ - \_\_\_\_\_ Please Check :      Home      Work      Cell

(      ) \_\_\_\_\_ - \_\_\_\_\_ Please Check :      Home      Work      Cell

PARENT EMAIL \_\_\_\_\_

(required)

PARENT EMAIL \_\_\_\_\_

### Secondary Emergency Contact:

First: \_\_\_\_\_ Last: \_\_\_\_\_

Relation to student: (i.e.: father, aunt, family friend): \_\_\_\_\_

### Secondary Emergency Contact Phone Numbers:

(      ) \_\_\_\_\_ - \_\_\_\_\_ Please Check :      Home      Work      Cell

(      ) \_\_\_\_\_ - \_\_\_\_\_ Please Check :      Home      Work      Cell

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**ACKNOWLEDGEMENT OF RISK AND CONSENT AND  
 RELEASE AND WAIVER OF LIABILITY**  
 TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: \_\_\_\_\_  
 Gender Please Check :      M      F      Birth date: \_\_\_/\_\_\_/\_\_\_  
 School: \_\_\_\_\_ School District: \_\_\_\_\_

**AUTHORIZATION**

Activities to be undertaken during the 2010 College of Engineering Mathematics Academy (Math Academy) may include: transportation to and from the University of Washington (UW), academic and laboratory seminars at the UW Seattle campus, campus tours with faculty and staff, recreational sports activities, and recreational field trips. I/we, the parent/guardian, fully understand and acknowledge that there are risks and dangers associated with participation in the Math Academy events and activities which could result in bodily injury, or possibly death. These risks and dangers may be caused by the action, inaction or negligence of the participant or others. There may be other risks and dangers not known to us or are not reasonably foreseeable at this time. I/we, the undersigned, accept and assume such risks and responsibility, and release the UW from all liability for any losses and/or damages following such injury or death. I/we voluntarily allow and represent that my minor child is capable, with or without reasonable accommodation, to participate in the 2010 Math Academy.

I authorize the use of the following generic, over-the-counter, medications as directed by the labels provided by the manufacturer for my child while attending the 2010 Math Academy to be self-administered: acetaminophen, ibuprofen, decongestant, antihistamine, cough suppressant and/or expectorant, throat lozenges or analgesic spray, motion sickness medication, anti-nausea, anti-diarrheal, antacid, antibiotic ointment, anti-itch cream, hydrocortisone cream, burn cream, petroleum jelly, antiseptic skin and wound cleansers, ipecac, glucose, electrolyte replacement fluids, analgesic balms and gels, or other pain relief medication,

*with the exception of:* \_\_\_\_\_  
 \_\_\_\_\_

Should my minor child require emergency medical treatment as a result of accident or illness arising during the 2010 Math Academy, I consent to such treatment. I agree to be financially responsible for any insurance deductibles and any medical bills as a result of emergency medical treatment. Should any minor child participant not have primary medical or accident insurance, the University of Washington would provide limited secondary medical and accident insurance coverage. I will indicate on the following Student Health Information Page, any medical conditions that my child may have.

**Please sign hereby agreeing with these conditions stated above.**

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**MATHEMATICS ACADEMY**

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**STUDENT HEALTH INFORMATION**

TO BE COMPLETED BY PARENT/GUARDIAN

(PAGE 1/2)

Student's Name: \_\_\_\_\_

Gender Please Check:      M      F      Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

**STUDENT HEALTH INFORMATION & INSURANCE**

**DOES YOUR CHILD HAVE MEDICAL INSURANCE COVERAGE?**

YES       NO      If YES, please provide the student's:

MEDICAL INSURANCE PROVIDER/CARRIER: \_\_\_\_\_

POLICY/GROUP #: \_\_\_\_\_

**STUDENT'S HEALTH CONDITIONS AND SPECIAL NEEDS**

Please check any of the following needs your child may have.

- DIETARY NEEDS       DIETARY RESTRICTIONS       DISABILITIES
- MEDICATION(S)       LIMITED ENGLISH       MEDICAL NEEDS
- ALLERGIES       FOOD ALLERGIES       ASTHMA
- SPECIAL ACCOMMODATIONS       OTHER health conditions or special needs

Please explain checked items above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Name (Please print)*

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

\_\_\_\_\_  
*Date*

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# PHOTO RELEASE AGREEMENT FORM

TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: _____			
Gender	<input type="checkbox"/> Please Check	M	F
Birth date: ____/____/____			
School: _____	School District: _____		

## STUDENT PHOTO RELEASE AUTHORIZATION

In signing this release, I give the University of Washington (UW) and the College of Engineering Mathematics Academy the right to use, publish, display, and/or reproduce any of the video/recorded voice/photographs in which my child appears, including the right to edit or use a portion of all of the video/recorded voice/photographs for promotional publications, promotional materials, and the UW College of Engineering Mathematics Academy website and/or other program-related purposes.

I further agree that the University of Washington will own the video/recorded voice/photographs and all rights to them may copyright the video/recorded voice/photographs in its own name and may grant to others permission to use them.

**I have read the above Student Photo Release Form and understand the terms and stipulations and agree to all of them.**

**Parent/Guardian Name (Please print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# RESEARCH AND EVALUATION ACTIVITIES FORM

TO BE COMPLETED BY PARENT/GUARDIAN

Student's Name: \_\_\_\_\_

Gender Please Check :            M            F            Birth date: \_\_\_/\_\_\_/\_\_\_

School: \_\_\_\_\_ School District: \_\_\_\_\_

## AUTHORIZATION TO PARTICIPATE IN RESEARCH ACTIVITIES AND EVALUATION

In signing this release, I voluntarily give permission for my child to participate in research and evaluation activities conducted by the UW College of Engineering Mathematics Academy. Such activities may include interviews, focus groups, surveys, group discussions, or written exercises during which my child's opinions regarding college awareness and readiness are solicited, either verbally, in writing, or both. These opinions may be utilized for purposes of documenting his/her knowledge, attitudes, and practices as he/she prepares to continue his/her education. While voluntarily participating in these research and evaluation activities, my child will in no case be required to identify him/herself by name, nor will his/her name or any other identifying information be made available publicly.

**I have read the above authorization to participate in research activities and evaluation agreement and understand the terms and stipulations and agree to all of them.**

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## APPLICATION ESSAY



## ACADEMIC TRANSCRIPT

Student's Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

### ESSAY – TO BE COMPLETED BY STUDENT ON SEPARATE SHEET

On a separate sheet of paper, your essay (s) may be typed or neatly handwritten in ink and must be included with this application in order for you to be considered for the 2010 Mathematics Academy. Be creative and have fun!

**Essay Questions:** Respond to **each** of the following essay questions (250 words or less per essay).

1. What is engineering, and why does it interest you?
2. What academic and extracurricular activities have prepared you to study engineering at the University of Washington?
3. What field of engineering is especially interesting to you and why?

### ACADEMIC TRANSCRIPT

Please request an unofficial transcript from your registrar or counseling office, and submit with your application.

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## APPLICATION CHECKLIST

- Student Information
- Emergency Contact Information
- Liability Waiver Form
- Student Health Information Form (Pages 1 and 2)
- Photo Release Agreement Form
- Research and Evaluation Activities Form
- Application Essays (3)
- Letter of Recommendation (from Science, Technology, Engineering or Mathematics teacher )
- Unofficial Transcript

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