

W Z } Š } v U %oo %oo %oo O ] Y }

A complete application consists of the following documents:

1. This filled-out application
2. Personal statement (300 word maximum)
3. Letter of Recommendation from a teacher (preferably math or science teacher)
4. Transcript
5. Signed Video and Photograph Release (Optional)

Applications are due no later than 5pm on May 1<sup>st</sup> and will only be accepted if they are legible. Either write neatly or type the answers. Applications are considered on rolling basis. If you have any questions about the content of this application, you may contact the Undergraduate Program Administrator, Cynthia Daher, at [cdaher@ur.rochester.edu](mailto:cdaher@ur.rochester.edu) or (585)275-7764.

### Student Information

First Name:

Middle Name:

Last Name:

Date of Birth:

Sex:

E-mail:

Name of high school and expected graduation year:

Home street address:

City:

State:

Zip:

Are you a U.S. citizen?

(Required to visit the Laboratory for Laser Energetics)

Do you have any severe allergies or health concerns the staff need to be aware of? If so, list them here:

Do you have any food restrictions?

How will you be traveling to/from campus each day?

(If you plan to park on campus, you will be responsible for paying the parking fees. Contact Cynthia for more information.)

Camp participants will receive a shirt. Please circle your adult shirt size:

XS

S

M

L

XL

XXL

Parent/Guardian Information (1):

Name:

Phone number:

Email:

(Circle appropriate answer)

Have you completed Algebra and Trigonometry? Yes No In-progress

Have you completed precalculus or calculus? Yes No In-progress

Have you completed physics? Yes No In-progress

Personal Statement

Please attach a personal statement. www6t oaled inT2.89.8 Tm (H)Tj 12 0 0 12 36 767.4 T004 Tw 12 0 0 12 36 643.21

**Permissions/Liability Information**  
**The Institute of Optics Photon Camp**

In consideration for allowing (student name) \_\_\_\_\_ to participate in The Institute of Optics Photon Camp, I, as his/her parent/guardian affirm that:

I understand that participating in any activity involves a risk of injury or harm.

All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the program. I certify that my child is in good health and does not have physical conditions that would prevent him/her from participating in the program.

In the event of the program's inability to locate me, or the emergency contact designee, I give permission to program authorities to take such emergency measures as they deem appropriate until the emergency contact designee or I can be contacted.



