



DEEP RIVER SCIENCE ACADEMY®

www.drsa.ca

STUDENT APPLICATION FORM

June 27 to August 7, 2010

PERSONAL INFORMATION

Last Name Legal First Name Usual First Name Date of Birth (YYYY/MM/DD). Female
Male

Address City Province Postal Code Telephone No.

Email Address Mother's Name Email Father's Name Email

Citizenship Status _Please select one: If born outside of Canada, please indicate country of birth:

Canadian Citizen Permanent Resident Landed Immigrant

SCHOOL INFORMATION

Name of School Address City Province

Postal Code Telephone No School Board Principal's Name

DRSA ACADEMIC INFORMATION

The DRSA summer program is a two-credit program that operates for 6 weeks, beginning at the end of June after the completion of the regular school year. Students apply for the Double Research Program to earn 2 co-op credits in research.

Please indicate in order of preference the subject area you wish to pursue in your research project. Please note that choice may be limited by available projects.

1. 2. 3. 4.

(Biology, Chemistry, Physics, Earth Sciences)

List the science courses Grade 10 and above by name and grade level (or code) that you will have completed by the end of this school year:

List your interests, hobbies and any activities in which you are involved (you may use a separate sheet if you wish to add more details):

Describe what you expect to gain from attending DRSA (in a paragraph, on a separate sheet of paper):

Please tell us how you heard about the DRSA

FINANCIAL ASSISTANCE

The DRSA financial assistance to students who qualify. If you require financial assistance, please complete this section of the application form. Many students are also able to obtain additional support from their communities once they have been accepted at the Deep River Science Academy. This fundraising strategy will be offered to all students who are accepted to the DRSA.

I would like to be considered for financial assistance: Yes No

If you answered Yes, please fill out the following information. Please note that proof of income is required, and must be submitted after your application has been approved.

Parent/guardian combined income:

of dependent children in family:

Please provide details of high placement in a major mathematics competition, science competition, science fair or any other academic awards. Also include any community service or volunteer work (please attach additional sheet if necessary):

LETTER OF RECOMMENDATION

You must submit a letter of recommendation from your science teacher. The letter must be enclosed in a sealed envelope. It can be forwarded along with this application or your teacher can send it to us separately.

Teachers should comment on the student's academic ability as well as ability to work in group situations in the classroom and the laboratory.

NAME OF TEACHER WHO HAS WRITTEN YOUR RECOMMENDATION:

Email address:

CONDITIONS OF PARTICIPATON.

(To be accepted by parent or guardian and student.)

- a. CONSENT: I consent to my child's participation and understand it is my responsibility to provide comprehensive health and liability insurance while he/she is at DRSA.
- b. EXCLUSION OF LIABILITY AND INDEMNIFICATION: In consideration of DRSA accepting this application, the undersigned parent or guardian and student, for themselves, their heirs, executors, administrators and assigns release DRSA, host laboratories and all other persons, organizations, or institutions assisting in the program, their respective officers, directors, employees and agents (the Releasees) from any claims for loss, injury or damage sustained by the parent or guardian or student arising out of the student's attendance at or participation in the program, notwithstanding any such loss, injury or damage may have arisen by reason of negligence of the Releasees. The undersigned parent or guardian agrees to indemnify the Releasees from any claims which may be made against the Releasees arising out of or in consequence of the attendance at or participation in the program by the student.
- c. MEDICAL AUTHORIZATION: I authorize medical attention for my child if judged necessary by the medical authorities in the case of accident or serious illness. I understand that every attempt will be made to reach me by telephone in case of emergency. I understand if there are any disabilities which need to be accommodated, I will need to provide details from a doctor.
- d. EXCLUSION FROM THE PROGRAM: The Board of Directors reserves the right to withdraw a student from the program for any of the following reasons: use of alcohol or illegal drugs; unauthorized absence from school; failure to cooperate with school officials or laboratory staff; failure to comply with the residence rules; breaking the law.
- e. FINANCIAL COMMITMENT:
 - (i) A deposit of \$250 must accompany this form. This deposit is refunded if the applicant is not selected.
 - (ii) If the applicant declines the principal's verbal offer of a place, a \$50 administration charge will be deducted from the applicant's \$250 deposit and the balance of \$200 will be refunded.
 - (iii) If the applicant accepts the principal's verbal and/or written offer of a place, a further, non-refundable confirmation of \$250 is required to confirm acceptance within one week, along with a cheque post-dated to no later than June 15 for the balance of the student fee (fee less \$500 in deposits, less any bursaries or scholarships awarded). The original deposit of \$250 also becomes non-refundable. An additional \$80 administration fee is also required at this time. Payment for this **balance of fees** as well as the **\$80 administration fee**, may also be made by a major Credit Card:

- Visa
- Master Card
- American Express

Credit Card Number:

Expiration Date:

Name as it appears on the Credit Card:

Signature:

PUBLICITY PERMISSION: It is agreed that the Academy may use the selected applicant's name, submitted written material and photographic material in which the applicant appears, unless otherwise directed. At registration, a photo release waiver will be signed by the parent/guardian. Please note that a swimming waiver will also be signed at that time.

Note that the program may include some evening and Saturday morning lectures and seminars.

We, the undersigned, agree to the above conditions and state that to the best of our knowledge the information in this application is correct.

SIGNATURE OF PARENT OR GUARDIAN

SIGNATURE OF STUDENT

DATE

Contact Information for parent(s)/guardian(s):

Daytime Tel. #1

Daytime Tel #2

ENCLOSURES (with application)

- Copy of High school transcript
- Letter of recommendation from your science teacher
- Application Deposit of \$250

Please make cheques payable to **Deep River Science Academy.**

Mailing Address:

**Deep River Science Academy
Admissions
P.O. Box 600
20 Forest Ave.
Deep River, ON K0J 1P0**

Phone: 1-613-584-4541

Fax: 613-584-9597

email: info@drsa.ca

All documents listed above must be included with the APPLICATION (INCLUDING ATTACHMENTS) and are to be submitted on or before the deadline of April 26, 2010.*

*Late applications may be considered if spaces are available