

**ALFRED UNIVERSITY
ASTRONOMY SUMMER INSTITUTE**

APPLICATION FORM

Application deadline extended to **April 22, 2011.**

(Later applications may be considered, only if space is available. Please call 607-871-2612 to check availability after deadline.)

\$100 deposit is due with application (non-refundable unless student is not accepted into the program).
Full payment of the balance, for accepted students, is due May 27, 2011.

The following application materials must accompany this form: A copy of an up-to-date transcript or most recent report card, two letters of recommendation from high school teachers (*on official school stationery*), a one-page essay telling why you wish to attend this institute (*must be in the student's own words and signed by the student!*), and the \$100 deposit. (*Sorry, no financial aid or scholarships are available for this program.*)

Type or print clearly in ink only. Fill in all sections. **Incomplete or illegible applications cannot be considered.**

Student's Name: _____ Preferred First Name for Nametag: _____

Home Address: _____
Street City State Zip

Gender: male female Phone (daytime phone # to call if we have questions): _____

Student's email: _____ Birth Date: _____ Age: _____

Year you will graduate from H.S.: _____ Name of High School: _____

Parent/Guardian's name: _____ Parent/Guardian's phone: _____

Parent/Guardian's email: _____

Please check one of the following:

- A deposit check in the amount of \$100 is enclosed (made payable to *Alfred University*).
 Please charge deposit to the following credit card VISA MasterCard AMEX Discover

Name of Card Holder: _____

Card Number: _____ CVV number: _____ Expiration Date: _____
(3 digit code on back of card)

Amount: \$ _____ Authorized Signature: _____

Card Holder Billing Address (if different from above): _____

Street
City State Zip code Card Holder Phone: _____

Application Materials Checklist:

- Copy of an up-to-date transcript (to January 2011) or most recent report card
- First letter of recommendation from high school teacher (on official school stationery)
- Second letter of recommendation from high school teacher (on official school stationery)
- A one-page essay telling us why you wish to attend this institute (*must be **in your own words** and must include your signature at the bottom*)
- \$100 deposit (non-refundable unless student is not accepted into the program)

Send this form with the required application materials to the address listed below, fax to 607-871-2045, or scan documents and email to summerpro@alfred.edu.

Office of Summer Programs
Alfred University, 1 Saxon Drive
Alfred, NY 14802

Questions? Call 607-871-2612 or email us at summerpro@alfred.edu. Thank you!