

Last Name _____
for office use only.

APPLICATION

PARTICIPANT INFORMATION

Please type or print clearly in dark ink.

Name _____ Date of Birth _____ Gender _____ Age _____

Address _____

City _____ State _____ Zip Code _____

Name of School _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Grade level (as of 9/2010) _____

Mother's name _____ Father's name _____

Home phone _____ Home phone _____

Work phone _____ Home phone _____

Parent's E-mail _____

Student ___ has/ ___ has not previously attended a Pre-College enrichment program at Wright State University. Year(s) _____

COURSE REGISTRATION INFORMATION

Check (x) all appropriate fees when registering. Participants registering for gifted/talented courses must submit a SCHOOL NOMINATION. (See other side.)

	Course Number	Alternate Number	Registration Deposit	Balance Due	Balance Due Date	Extended Day (if applicable)		
						a.m. only	p.m. only	both
Session I:	_____	_____	___ \$50	___ \$50	(6/1/10)	___ \$20	___ \$40	___ \$50
Session II:	_____	_____	___ \$50	___ \$50	(6/7/10)	___ \$20	___ \$40	___ \$50
Session III:	_____	_____	___ \$50	___ \$50	(6/14/10)	___ \$20	___ \$40	___ \$50
Session IV:	_____	_____	___ \$50	___ \$50	(6/21/10)	___ \$20	___ \$40	___ \$50
Session V:	_____	_____	___ \$50	___ \$50	(6/28/10)	___ \$20	___ \$40	___ \$50
Session VI:	_____	_____	___ \$50	___ \$50	(7/5/10)	___ \$20	___ \$40	___ \$50
Session VII:	_____	_____	___ \$50	___ \$50	(7/12/10)	___ \$20	___ \$40	___ \$50
Session VIII:	_____	_____	___ \$50	___ \$50	(7/19/10)	___ \$20	___ \$40	___ \$50
Session IX:	_____	_____	___ \$50	___ \$50	(7/26/10)	___ \$20	___ \$40	___ \$50
TOTALS:			_____	_____	_____	_____	_____	_____

All applications must be submitted with the registration deposit for each course. An invoice for the balance due and extended care fees will be sent with the confirmation of registration. A \$10 late fee will be added to all balance due payments received after 5:00 p.m. of the due date. **NO EXCEPTIONS.**

Parent/Guardian Signature* _____ Date _____

*Signature indicates that you have read and fully understand the brochure/cancellation/refund policies and program information of the Office of Pre-College Programs.

METHOD OF PAYMENT

Please do not send cash.

Personal check or Money Order number (payable to **Wright State University**) _____ Amount \$ _____ Date _____

Credit card number _____ Amount \$ _____ Date _____

Credit card type: _____ MasterCard _____ Visa _____ Discover _____ Expiration Date _____

Name of card holder (please print) _____ Signature of card holder _____

RETURN WITH SCHOOL NOMINATION IF REQUIRED TO:

Wright State University
Office of Pre-College Programs
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Phone (937) 775-3135, FAX (937) 775-4883
www.wright.edu/academics/precollege
Visit our website to donate to the Pre-College Scholarship Fund

