

## APPLICATION

Please print legibly in dark ink or type

- \_\_\_\_ Performance Theatre Institute (July 5 – 17, 2009)  
\_\_\_\_ Technical Theatre Institute (July 5 – 17, 2009)  
\_\_\_\_ Writer's Palette Institute (July 5 – 10, 2009)  
\_\_\_\_ Anatomy and Physiology Institute (July 19 – 24, 2009)  
\_\_\_\_ Forensic Science Institute (July 19 – 24, 2009)

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

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

County \_\_\_\_\_  Rural  Urban  Suburban

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade level (as of 9/2009) \_\_\_\_\_

Father's name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mother's name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*Optional* Ethnicity(Caucasian, African American, Hispanic, Asian, Native American, Asian Indian, other) \_\_\_\_\_

I have \_\_\_ / have not \_\_\_ attended a Pre-College Program at Wright State University.

## SCHOOL INFORMATION

Name of School \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

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

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

Extra Curricular activities/awards \_\_\_\_\_

## METHOD OF PAYMENT (Each application must be submitted with a \$50 housing deposit)

Personal check number \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

(make checks payable to Wright State University)

\_\_\_\_ MasterCard \_\_\_\_ VISA \_\_\_\_ Discover Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Name of card holder \_\_\_\_\_

Return application  
materials with housing  
deposit 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

## SCHOOL NOMINATION

Required for all programs

The Office of Pre-College Programs at Wright State University offers OSHI summer academic enrichment programs for students entering grade 10-11. Students who enjoy a challenge, appreciate the opportunity for personal growth, and have the motivation to succeed are encouraged to apply. Your candid assessment of this student's academic and interpersonal capabilities is an integral part of the selection process.

Name of student \_\_\_\_\_

This student has been identified as gifted or meets the criteria for identification as defined by the state of Ohio in the following area(s):

\_\_\_\_ superior cognitive

\_\_\_\_ visual/performing arts

\_\_\_\_ creative thinking

\_\_\_\_ specific academic ability

Describe this student's academic/intellectual abilities.

Describe this student's interpersonal abilities.

How do you feel this student would benefit from this academic enrichment experience?

### Securely attach additional pages as needed.

Signature of person completing form \_\_\_\_\_

Position/Title \_\_\_\_\_

Complete mailing address \_\_\_\_\_

Work phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_

