Participant Application

Complete this application and mail to the following address:

Dr. David Walter
Virginia State University
Department of Mathematics &
  Computer Science
Hunter-McDaniel Rm. 213S
P.O. Box 9068
Petersburg, VA 23806

You may also submit a completed application to David Walter via fax at 804-524-5746 or via email at dwalter@vsu.edu.

Application deadline is May 25, 2011.

Support generously provided by:

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U.S. DEPARTMENT OF HOMELAND SECURITY

Summer Computing Academy
Department of Mathematics and Computer Science

VIRGINIA STATE

Name of Student: _____
Last   First   M.I.

Address: _____
Street

_____
City   State   Zip

Telephone Number: _____

Email Address: _____

High School: _____

Current GPA: _____

Age: _____

Grade Level:
- ☐ Freshman   ☐ Junior
- ☐ Sophomore   ☐ Senior

Gender:
- ☐ Female   ☐ Male

Race/Ethnicity:
- ☐ Black (Not of Hispanic origin)
- ☐ Asian/Pacific Islander
- ☐ Hispanic
- ☐ White (Not of Hispanic origin)
- ☐ Other _____

T-Shirt Size:
- ☐ Small   ☐ Large
- ☐ Medium   ☐ XLarge

Parent/Guardian Name: _____

Parent or Guardian must sign on behalf of their minor child to indicate their permission for the child to participate in the summer boot camp.

_____   _____
Signature   Date

Attach to this application, a one page description of a smartphone application that you would like to develop. Describe the functionality of the application and why you think it would be useful.