



Surname: _____

First Name _____

Present Grade _____



**2008
STUDENT APPLICATION FORM
Please print clearly**

All information in your application is confidential and is solely used for selection purposes by the Manitoba Science Academy

PERSONAL AND CONTACT INFORMATION

FULL NAME: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____ COUNTRY: _____

TELEPHONE: () _____ PREFERRED LANGUAGE: _____

E-MAIL: _____ PREFERRED FIRST NAME: _____

GENDER: _____ BIRTH DATE: Month _____/Day _____/Year _____

PARENTAL OR GUARDIAN INFORMATION

FATHER/GUARDIAN'S NAME: _____

FATHER/GUARDIAN'S E-MAIL: _____ PHONE: () _____

MOTHER/GUARDIAN'S NAME: _____

MOTHER/GUARDIAN'S E-MAIL: _____ PHONE: () _____

PARENTAL OR GUARDIAN ENDORSEMENT

I have read and approved _____'s application to the MSA for the summer of 2008. To the best of my knowledge, the information provided in this application is true and complete.

PARENT/GUARDIAN'S NAME (please print) _____

SIGNATURE: _____ DATE: _____

How did you first find out about MSA? Science teacher____ Administrator____ Guidance Counselor____
 Internet____ Other (specify)____
 How did you get this application? (specify) _____

STUDENT 100% COMMITMENT

MSA IS A DEMANDING SIX-WEEK PROGRAM DURING July 2 to August 8, 2008

- This is a full-time commitment including evenings and some weekends, no exceptions.
- Consumption of alcohol or illegal drugs is strictly prohibited
- The workplace, campus and residence are tobacco-free

I have read the above conditions regarding my application and participation in MSA. I certify that the information given in this application is complete and true. I understand the requirements and will commit to 100% participation if selected. MSA may confirm some of the information by contacting my school and references

STUDENT SIGNATURE: _____
 DATE: _____

STUDENT'S ACADEMIC INFORMATION

SCHOOL NAME: _____

SCHOOL'S ADDRESS: _____

CITY & PROVINCE: _____ SCHOOL
 POPULATION: _____

SCHOOL'S POSTAL CODE: _____
 TELEPHONE: () _____

PRINCIPAL'S NAME: _____ GUIDANCE HEAD: _____

SCHOOL BOARD/DIVISION NAME: _____

List the courses you are taking this year or plan to complete this year. List every course you took last year. To certify your courses please send in your latest transcript by June 1, 2008

CURRENT SCHOOL YEAR 2007-2008		must be Grade 10, 11, or 12	
Grade level 10,11,12 IB or AP	Subject Give the name and type of course e.g., Math applied or English comp	Your last mark	Classes missed

Your Overall average: _____

PREVIOUS SCHOOL YEAR 2006-2007 must be Grade 9, 10, or 11

Grade level 10,11,12 IB or AP	Subject Give the name and type of course e.g., Math applied or English comp	Your last mark	Classes missed

Your Overall average: _____

CONDITIONS OF PARTICIPATION
(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 MSA.
- b. **EXCLUSION OF LIABILITY AND INDEMNIFICATION:** In consideration of MSA accepting this application, the undersigned parent or guardian and student, for themselves, their heirs, executors, administrators and assigns release MSA, 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 that 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 that 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.
- f. **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.
- g. **FINANCIAL COMMITMENT:** **Once a candidate is accepted into the program, the St. Theresa Point Education Authority will be contacted provided with information regarding the selected candidate. MSA will invoice the Education Authority for the full cost of the \$3950 program fee, on behalf of the student.**
- h. 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



Manitoba Science Academy

July 2-August 8, 2008

TO COMPLETE YOUR APPLICATION

1. APPLICATION FORM

Fill out the application form. There are three pages.

2. PERSONAL ACCOMPLISHMENT LIST

On a separate page, **summarize** in a list your activities at school and community. List your academic achievements in the last two years. List your work experience if any. List your special talents and hobbies.

3. ESSAY

Write a well-written page that describes why you want to attend our summer program and what benefits you feel our program may have in your future. Tell us about your career goals in science.

4. REFERENCES

List two references from your school. A teacher, guidance counselor, or administrator. I will call them at your school.

5. FINANCIAL ASSISTANCE

The St. Theresa Point Education Authority Scholarship will be issued to a student from St. Theresa Point First Nation. In the event that more than one application is received, the scholarship will be awarded to the most qualified applicant based on: Grade Level, transcript of academic standing, teachers recommendations and merit of written submissions required by the application.

In the event that the applicant is not awarded the St. Theresa Point Education Authority Scholarship, MSA offers generous funding for qualified students.

For more information on financial assistance contact the Business Manager:

Arlene Davidson, email: adavidson@msawhiteshell.com

Late applications may be considered if spaces are available

Note: Send in this application in as soon as possible. You can forward a transcript by June 1, 2008.

**Mailing Address:
Manitoba Science Academy
Attention: Principal, Jerry Kozak
Box 924
Pinawa MB R0E 1L0**

Phone and Fax: (204) 753-2300 or toll-free 1-866-246 3572

E-mail: jkozakmsa@mts.net