



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, Vale Inco will be contacted provided with information regarding the selected candidate. MSA will invoice Vale Inco 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

Vale Inco is providing full sponsorship to a student attending RD Parker Collegiate in Thompson, Manitoba. 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 Vale Inco Scholarship, MSA offers generous funding for qualified students.

For more information on financial assistance contact the Business Manager:

**Arlene Davidson, email: [adavidson@msawhiteshell.com](mailto: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](mailto:jkozakmsa@mts.net)**