

Theatrical Magical Science Summer Program at Villanova University

July 10-28, 2006
Application Form

Mail to:
Dr. M. A. Papalaskari
Dept. of Computing Sciences
Villanova University
Villanova, PA 19085

Please provide your contact information:

Student Name: _____ Age: _____ Current Grade: _____
Parent/Guardian Name: _____
Address: _____ Phone #: (____) _____
_____ E-mail: _____
City, State, Zip: _____

School information:

Name of School: _____ Website (if available): _____
Address: _____
_____ City, State, Zip: _____

Provide information for two teachers who can be contacted for reference. At least one must teach science.

Teacher Name: _____ Subject: _____
Work Phone #: (____) _____ E-mail: _____
Teacher Name: _____ Subject: _____
Work Phone #: (____) _____ E-mail: _____

The cost of the program will be \$1200 and will include cafeteria lunch. There is a limited number of scholarships for this program. Please indicate your need for a scholarship.

- I do not require a scholarship but am interested in one
 I require a scholarship to participate
 I am not interested in a scholarship

Please answer the following questions so we can understand your talents, interests, and experiences:

1) Tell us about your background and interest in science

2) Tell us about your background and interest in creative arts (acting, visual arts, music, dance, etc)

3) Tell us more about yourself – other interests, hobbies, experience

Student's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____