



**2018**  
**SUMMER ALGEBRA INSTITUTE**  
**(SAI)**  
**Student Application**

## Introduction:

The Summer Algebra Institute (SAI) is a computer-based instructional enrichment program designed to prepare students for Algebra I. It features instruction that improves students' content knowledge, reasoning, communication, critical thinking and problem solving. Students will receive college preparation resources and exposure to college culture through CSU campus tours.

## How to apply:

To participate in the CSU Summer Algebra Institute, simply complete the student application form in this packet and return all required materials to the address listed below.

Please follow instructions carefully. You may mail or drop off your completed application to the following address:

New Philadelphia A.M.E. Church  
6380 Orange Avenue  
Long Beach, CA 90805

## Deadline to apply:

File your completed application ***before the*** **5/31/18** ***deadline.*** Applications received after the due date will be put on a waiting list until all priority applications are reviewed. Waitlist applications will be accepted in the order received until the class reaches capacity.

## Application Overview:

### Contact Information:

Complete the required contact information for parent/guardian(s) and student applicant.

### Personal Statement:

Students are required to answer each prompt and submit all responses typed or printed. You may attach your responses on a separate sheet if necessary.

## Program Expectations:

Students are to attend daily, complete all assignments and conduct themselves according to the program code of conduct. Students who do not adhere to the expected policies will be dismissed from the program. Students and parents are required to sign a Statement of Commitment at the end of the application.

## Accuracy and Completeness:

Inaccurate or incomplete applications will not be accepted. For this reason it is essential that you fill out all required fields completely and accurately. Applications without required signatures are considered incomplete.

## Checklist:

To ensure completeness and accuracy a checklist is provided here for your convenience. Remove all informational sheets from the packet and only submit required items.

\_\_\_\_\_ Application form

\_\_\_\_\_ Personal Statement

\_\_\_\_\_ Signed Statement of Consent

## Questions:

For questions regarding the CSU Algebra Institute or application, please feel free to contact any of the individuals listed below:

Name: Ms. Sharron Grant-Burton

Title: Site Coordinator

Phone: (562) 787-5044

Name: Mrs. Gayle Gaskin Brown

Title: Exec. A'sst to the Pastor

Phone: (562) 422-9300 x212

Student First and Last Name : \_\_\_\_\_

## APPLICATION FORM

### Parent Contact Information (Required)

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Emergency Contact (Required)

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Student Information (Required)

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_

Gender (circle): M F Grade Level: \_\_\_\_\_

School Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Ethnic Identity Information (Optional)

Please indicate your ethnic identity by checking the appropriate box below.

<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	East Indian/Pakistani	<input type="checkbox"/>	Other (please specify):
<input type="checkbox"/>	Japanese/Japanese-American	<input type="checkbox"/>	Korean		
<input type="checkbox"/>	African American	<input type="checkbox"/>	Polynesian		
<input type="checkbox"/>	Chinese/Mexican American	<input type="checkbox"/>	Other Asian		
<input type="checkbox"/>	Other Spanish-American	<input type="checkbox"/>	White/Caucasian		
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Chinese/Chinese-American		

Student First and Last Name : \_\_\_\_\_

## **PERSONAL STATEMENT**

Students are required to answer each prompt and submit all responses typed or printed. You may attach your responses on a separate sheet if necessary.

- 1) Describe your future college and career goals.  
For example: what is your dream college? What would you like to study? Why did you choose that college and field of study? What career do you see yourself in after college?
  
- 2) Why do you want to participate in the Summer Algebra Institute?
  
- 3) What goals do you want to accomplish during this summer program?
  
- 4) In your own words, describe your math skill level before starting the Summer Algebra Institute:

Student First and Last Name : \_\_\_\_\_

**STATEMENT OF CONSENT**

***Student Commitment***

I, \_\_\_\_\_, understand that the CSU Summer Algebra Institute will be held at  
*(Print Student Name)*  
\_\_\_\_\_, and if accepted, I intend to participate fully. I will attend all classes promptly and regularly. I will complete all class assignments and conduct myself according to the standards of the Student Code of Conduct of the CSU Summer Algebra Institute at \_\_\_\_\_. By participating in this program, I agree to have my likeness photographed and/or videotaped for possible non-commercial use.

***Parent Commitment***

I, \_\_\_\_\_, give my child \_\_\_\_\_  
*(Print Parent Name)* *(Student Name)*  
permission to participate in the CSU Summer Algebra Institute at \_\_\_\_\_. I will attend the Parent/Student orientation and other required parent events and support my child's participation in the CSU Summer Algebra Institute at \_\_\_\_\_. I give my permission to release my child's academic records to the CSU Summer Algebra Institute at \_\_\_\_\_ for future research. In addition, the University may use the information provided to contact me about the admissions process or programs that may be of interest. By participating in this program, I agree to have my likeness photographed and/or videotaped for possible non-commercial use.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_