

L.E.A.P. Scholarships for Girls

2017 Application Form

Become a problem solver!

DEADLINE TO SUBMIT APPLICATION:
Tuesday January 31 by 12:00 p.m.

APPLICANT INFORMATION

FIRST NAME: LAST NAME:

ADDRESS: CITY:

BIRTH DATE: AGE: HEALTHCARD NO.:
MM/DD/YYYY

EMAIL: HOME PHONE NO. :

HIGHSCHOOL IN SEPT. 2017: GRADE IN SEPT. 2017:

ALLERGIES OR CONDITIONS:

Health Card # Medication: Epi pen: Yes No

PARENT/GUARDIAN & EMERGENCY INFORMATION

PARENT/GUARDIAN FULL NAME:

PARENT/GUARDIAN EMAIL: CELL PHONE NO:

EMERGENCY CONTACT FULL NAME:

EMERGENCY CONTACT PHONE NO.:

- Session Selection
- Session 1 (July 4 - July 14 2017*, Contains holiday on Monday July 3rd 2017)
 - Session 2 (July 17- July 28 2017)
 - Session 3 (July 31- August 11 2017, * Contains holiday Monday August 7 2017)

Please note LEAP Scholarships are for **Session 1, 2 or 3**. **If a stream is full, you will automatically be placed in your second choice.** Select the courses that you would like to attend, based on the grade you will be entering in September 2017

- | | | | |
|---|--------------------|--|-------------------|
| <input type="checkbox"/> Engineering 101 | Entering gr 9-11 | <input type="checkbox"/> Engineering Physics | Entering gr 10-12 |
| <input type="checkbox"/> B-Tech 101 | Entering gr 9 - 11 | <input type="checkbox"/> Civil & Environmental | Entering gr 10-12 |
| <input type="checkbox"/> Science 101 | Entering gr 9-11 | <input type="checkbox"/> Computer Science | Entering gr 10-12 |
| <input type="checkbox"/> Business 101 | Entering gr 9-11 | | |
| <input type="checkbox"/> CodeMakers++ | Entering gr 9-11 | | |
| <input type="checkbox"/> Mechanical & Materials | Entering gr 9-12 | | |
| <input type="checkbox"/> Electrical & Mechatronics | Entering gr 10-12 | | |
| <input type="checkbox"/> Bioengineering/ Biomedical | Entering gr 10-12 | | |

Choice of Stream

Choice # 1

Choice # 2

Additional Services: Please note scholarships do not cover the cost of buses or residence/ meal cards

Residence (Optional)

1 session = \$1,350

Meal Card (optional)

\$250 for 2 week session

Busing

- Mississauga Bus John Fraser (\$150.00)
- Oakville Glen Abbey (\$150.00)
- Burlington Mainway Rec Centre (\$150.00)
- Burlington Central Arena (\$150.00)
- Grimsby Public Library (\$150.00)
- Winona Community Centre (\$150.00)
- Cardinal Newman Secondary School (Library) (\$150.00)

Payment : (only applicable to those selecting additional services)

LEAP stream \$

Residence \$

Meal Card \$

Busing \$

Total Amount \$

Payment by:

MasterCard

Visa

Credit Card Holder:

Credit Card Number:

Expiry Date:

Signature:

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I HAVE PARTICIPATED IN: BASEF GO ENG GIRL GO CODE GIRL VENTURE/LEAP

**Please answer all of the following questions to the best of your ability.
(Minimum: 100 words; Maximum: 250 words)**

1. Why do you want to attend the Learning Enrichment Advancement Program (L.E.A.P.)?

2. Why do you want to learn more about science and engineering?

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3. What your future goals?

4. Have you attended LEAP or a similar program before? If so, what have you learned from that experience?

5. Please provide any additional information that you would like to be considered along with your application. (Optional)

Please send a copy of your latest Report Card with this Application to complete the Application Process.

The information gathered on this form is collected under the authority of the McMaster University act, 1976. It is required by the University for, and related directly to, the administration and operation of the L.E.A.P. and Venture programs including registration, payment of camp fees, and obtaining parental consent. The health card number and relevant medical information of the participant is needed in the event of an accident or injury. The information provided will be used to register camp participants, receive camp fee payments and issue refunds, apply parental consent and facilitate the provision of medical services in the event of an accident or injury to a camp participant. The information you provide will be protected and used in compliance with Ontario's Freedom of Information and Protection of Privacy Act (RSO 1990) and will be disclosed only in accordance with this Act. If you have any questions about the collection and use of this information please contact Carm Vespi. Please be advised that photos of your child taken during the event may be used for promotional purposes such as websites, flyers, and postcards. Event Questions? Contact Carm Vespi, Manager, Alumni Relations at vespi@mcmaster.ca or call at 905-525-9140 x24906. McMaster University and the Engineering Alumni Office are not responsible for any loss or damage suffered by any person either travelling to the location of an event, or for any reason whatsoever including negligence on the part of the University and/or the Engineering Alumni Office, its agents or servants.

Consent, Waiver, Indemnity & Release Form
Photographs, Video and Voice Recording

This document relates to the Learning Enrichment Advancement Program scheduled to occur between July 4th, 2017 and August 12th, 2017.

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Waiver. I hereby waive:

- i. any right to inspect or approve the use of the images or recordings or of any written copy;
- ii. all moral rights; and
- iii. any right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

Indemnity. I hereby release, defend, indemnify and hold harmless McMaster, its Board of Governors, officers, employees or agents from and against any and all claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

If participant is under the age of 18, Parent or Guardian hereby gives their irrevocable permission to McMaster to use the images, recordings and materials as outlined above. Parent or Guardian must sign below and print participant's name below:

Participant Name: _____

Parent/Guardian Name: _____

E-Mail: _____

Phone: _____

Signature: _____

Date: _____

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