



Father's Name: _____ [] Living [] Deceased

Education: _____ Occupation: _____

Mother's Name: _____ [] Living [] Deceased

Education: _____ Occupation: _____

If parents are not your legal guardian, give name, address and phone number of legal guardian.

Number of Siblings/Ages: Brothers: _____ Sisters: _____

Have any of your siblings applied to any of the CERTL programs for this summer (2009)? [] Yes [] No

If yes, please list name of siblings & grade: _____

In event of an emergency, contact (name, relationship, address and day phone number):

Contact 1: _____

Contact 2: _____

Essay: Why would you like to attend the K-5 CERTL PBL Camp (**50 words or less**)? We encourage students to write their essay in their own handwriting on a separate sheet of paper.

Pick-up/ drop-off information: Please provide the names of ALL persons authorized by you (the student's parent or guardian) to pick up your child. Your child will not be released to anyone who does not appear on this list.

Primary Pick-up Person:

Name: _____ Relation to child: _____ Phone #: _____

Others authorized to pick up your child:

Name: _____ Relation to child: _____ Phone #: _____

Name: _____ Relation to child: _____ Phone #: _____

If accepted into this program, my son/daughter will attend daily. I will encourage his/her success and provide transportation to and from the program.

Applicant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Application must be postmarked by February 18.

K-5 CERTL PBL Camp



Sponsored by

Wake Forest University School of Medicine

and

Winston-Salem/Forsyth County School System

*Funding is provided through the
Center of Excellence for Research, Teaching & Learning (CERTL)
by the National Institutes of Health and the
Howard Hughes Medical Institute.*

Application must be postmarked by February 18.

K-5 CERTL PBL* Camp

June 22 - July 3, 2009

WHAT IS K-5 CERTL PBL CAMP?

The K-5 CERTL PBL Camp is a hands-on, interactive, fun look at science and mathematics for kindergarten through fifth grade students from the Winston-Salem/Forsyth County School System and Community. The camp emphasizes problem-solving skills by using everyday life situations.

Students will attend daily Problem-Based Learning (PBL) activities to enhance their interest and ability in science and mathematics. In these sessions, students will work in teams and use resource materials to discover potential solutions to problems presented in their cases.

WHO IS ELIGIBLE TO PARTICIPATE?

Enrollment is limited to 120 students, who are currently in kindergarten through fifth grades for the 2008/2009 school year. Females and minorities including African-American, Hispanic, Native American, Asian-American, and other underrepresented groups are encouraged to apply.

WHEN WILL THE CAMP TAKE PLACE?

The Camp will be held June 22 to July 3, 2009. The Camp will be held from 8:30 a.m. to 3:00 p.m. each weekday. Students will be provided lunch and snacks daily, and there is no cost for attending the program.

WHERE WILL THE CAMP TAKE PLACE?

CERTL Camp is held at the Downtown Middle School, located at 280 South Liberty Street, Winston-Salem, NC, 27101. Parents are expected to provide transportation if their child is accepted.

HOW ARE STUDENTS SELECTED FOR THE CAMP?

Students will be selected for participation in the Camp based on the potential of the student to benefit from the program, the stated level of motivation in science and mathematics, and by letter of recommendation from his or her teacher.

Only those applications fully completed with essay and accompanied by a letter of recommendation by the student's teacher will be considered.

NOTE: Being recommended by your teacher does not guarantee that the student will be selected for the program.

Send completed application and teacher recommendation postmarked by FEBRUARY 18 to:

K-5 CERTL PBL Camp
Wake Forest University School of Medicine
CERTL Office
Medical Center Boulevard
Winston-Salem, NC 27157
(336) 713-7723 Fax: (336) 713-7701

Students who are accepted will be notified by April 23.

K-5 CERTL PBL* Camp

Application Form

Wake Forest University School of Medicine

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Birthdate: _____ Age: _____

Gender: [] Male [] Female

Ethnic Group: [] Hispanic

[] Caucasian American

[] African-American

[] Asian-American

[] Native American

[] Other (Specify) _____

Do you have, or have you had, any serious illness, physical disability, chronic illness or significant allergy? [] Yes [] No

If yes, describe: _____

Dietary Concerns: _____

Special Behavioral or Learning Needs: _____

School Currently Attending: _____ Grade: _____

Teacher: _____

Please indicate your interest level and (expected) grade in math/science courses: _____

Have you attended other programs sponsored by WFUSM? If yes, indicate which program and the date of participation: _____

List Extracurricular/Community Activities: _____
