

Minority Engineering Advancement Program - Summer Component Application

Website: www.engr.iupui.edu/meap - Email to: summer.meap@gmail.com - Phone: 317-274-2943 - Fax: 317-274-4567

Student's Name _____ Home Telephone _____

Address _____

City _____ State _____ Zip Code _____

Clearly provide email address: _____

Birth Date ____/____/____ Citizenship: _____

School presently attending _____

School address _____

Current grade level _____ Are you a previous MEAP participant? _____

If yes, list the years you have participated in MEAP _____

Student's gender (circle one) Male or Female

Student's ethnic group (circle one)

African American	Hispanic	American Indian	Pacific Islander
Asian American	Caucasian	Other _____	

Father's Name _____ Work Telephone _____

Place of employment _____

Mother's Name _____ Work Telephone _____

Place of employment _____

Emergency telephone number _____

Other: (Legal Guardian Information if different from above) _____

I understand that MEAP helps me to explore engineering and technology educational fields with the intent that I will continue to participate in this program through completion of high school. If my application is accepted, I pledge to attend each day of my workshop, be on time, and follow the guidelines of the program.

Student's signature _____ Date _____

Parent's signature or (Legal Guardian) _____ Date _____

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Permission Statement

I grant MEAP and its representatives and employees the right to use photos and/or videos of my child,

_____, _____
(print student's name) (date of birth)

, that are relevant to the missions of MEAP and IUPUI. I understand that these photos and videos may be used in web content, Illustrations, and presentations. I give my consent for my child to attend scheduled, chaperoned field trips. I also agree that my child should follow the instructions and behavioral guidelines of MEAP

_____, _____ and/or
Father Date

_____, _____ or
Mother Date

_____, _____
Other: (Legal Guardian Information if different from above) Date

Release for medical treatment

I, the undersigned hereby give my consent for _____, _____
(print student's name) (date of birth)

to receive medical treatment as required to stabilize their condition in the event of a medical emergency that occurs at a time that I am not present.

I am providing a list of known allergies and/or reactions to medications for my child. I am also providing the name and number of the family doctor or medical treatment center.

Doctor _____ Telephone Number _____

Allergies _____

Medications _____

_____, _____ and/or
Father Date

_____, _____ or
Mother Date

_____, _____
Other: (Legal Guardian Information if different from above) Date