



VERIZON INNOVATIVE LEARNING FOR MINORITY MALES

Directed by Dillard University



APPLICATION

SESSION 1: June 4, 2018 through June 14, 2018 / 8:00 am – 3:00 pm

SESSION 2: June 18 – June 29, 2018 / 8:00 am – 3:00 pm

(Please note that acceptance to each session is continuous until all positions are filled.)

PLEASE PRINT

Last four digits of Social Security number _____ Tee Shirt Size: _____

NAME: _____

Last

First

Middle

Birthdate: _____ Age: _____ Current Grade: _____

School: _____

Address: _____ City: _____ State: _____ Zip: _____

Teacher: _____

Email _____ address:

Is your child familiar with the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Coding | <input type="checkbox"/> Robotics | |
| <input type="checkbox"/> 3D Printing | <input type="checkbox"/> Virtual Reality | |
| <input type="checkbox"/> App Development | <input type="checkbox"/> N/A | <input type="checkbox"/> Other _____ (Specify) |

PARENT INFORMATION

Name: (Mother/guardian) _____
Last First

Name: (Father/guardian) _____
Last First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____
Cell Home

Email Address: _____

EMERGENCY CONTACT INFORMATION

Name of emergency contact Emergency contact number Relationship

Email address: _____



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TEACHER RECOMMENDATION

TEACHER RECOMMENDATION: Ask your current teacher to complete a brief evaluation of you on this page.

(Please print below information)

Student's Name: _____

Name of School: _____

Teacher's Name: _____

Teacher's email address: _____

Telephone number: _____

Subject: _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF HOW YOU RATE THE APPLICANT BASED UPON ACADEMIC PERFORMANCE, INTELLECTUAL POTENTIAL, CREATIVITY, ORIGINALITY, MOTIVATION, INDEPENDENCE AND LEVEL OF MATURITY.

Signature

Date



COUNSELOR STATEMENT

(Please type or print information)

Student's Name: _____

Name of School: _____

Counselor: _____

Email address: _____

Telephone number: _____

PLEASE PROVIDE AN OVERALL DESCRIPTION OF STUDENT'S ACADEMIC PROFILE, BEHAVIOR OR ANY INFORMATION THAT WOULD BE HELPFUL IN DESCRIBING THE STUDENT'S ABILITY TO PARTICIPATE IN THIS PROGRAM. Also please attach student report card.

Signature

Date