



THE CYBERSECURITY SUMMER ACADEMY



IA-REDI

APPLICATION For **Middle School** Students JUNE 26– June 30, 2017

(Please Print Clearly or Type)

I. APPLICANT INFORMATION

Name [Last] _____ [First] _____ [MI] _____ Birth Date ____ / ____ / ____

Mailing Address [Street] _____ [Apt. #] _____

[City] _____ [State] _____ [Zip Code] _____

Phone Number (____) _____ E-mail _____

Gender: Male Female

T-Shirt Size: Small Med Large X-Large XX-Large

Race: African American White Hispanic Asian
 Native American Other _____

Are your parents able to provide transportation and pick-up at 4:00 p.m. each day of the camp? Yes No

II. MIDDLE SCHOOL INFORMATION

School Name _____

Extracurricular Activities

List any school honors or awards you have received

List the science related classes you have completed and the grades you received:

Course	Grade	Course	Grade	Course	Grade

III. ESSAY –In no less than 300 words explain how participation in this summer experience will benefit you both in the long term and the short term.

IV. EMERGENCY CONTACT

Name [Last]	[First]	[MI]
Phone Number ()	E-mail	

V. PARENT/GUARDIAN INFORMATION

Name [Last]	[First]	[MI]
Mailing Address [Street]	[Apt. #]	
[City]	[State]	[Zip Code]
Phone Number ()	E-mail	

VI. APPLICANT SIGNATURE

I DECLARE THAT ALL STATEMENTS AND ANSWERS OR OTHER MATERIALS THAT I MAY HAVE SUBMITTED ARE TRUE AND COMPLETE. I AGREE THAT ANY UNTRUE OR MISLEADING ANSWER, OMISSION, CONCEALMENT OR FAILURE TO ANSWER ANY QUESTIONS COMPLETELY AND ACCURATELY WILL BE GROUNDS FOR THE REJECTION OF MY APPLICATION.

Signature of Applicant _____ Date _____

Signature of Parent [Guardian] _____ Date _____

Please return completed application packets by **June 7, 2017**. Applications will be reviewed and notifications emailed to the email address you provided on this application.

Your completed application packet should include:

- Program Application Form
- 2 Completed Recommendation Forms
- Most recent school report
- Health Form
- Essay
- Photo, Video Tape Release and Consent Form

Dr. Cheryl Hinds
 Department of Computer Science
 Norfolk State University
 700 Park Avenue
 Norfolk, Virginia 23504
 Fax: 757 823 9229



The Cybersecurity Summer Academy For Middle School Students



Emergency Health Form

Dates: June 26 - June 30, 2017



ALL SECTIONS MUST BE COMPLETED

APPLICANT HEALTH INFORMATION

Participant's Name _____

Does the participant have allergies? _____ if yes, please identify _____

Date of last tetanus shot _____

Is the participant under the care of a physician for a medical condition? _____ if yes, please identify

Is the participant currently on medication? _____ if yes, please identify

EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, CALL (include area code) _____

Name _____ Employer _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

V. INSURANCE INFORMATION

Insured's Name _____ Relationship to Academy Participant _____

Insured's Address (include city, state, zip) _____

Insurance Co. _____ Group Name _____

Group # _____

Norfolk State University
Information Assurance Research Education and Development Institute-IA-REDI
Cybersecurity Summer Academy
Teacher Recommendation Form
Please Print or Type all Information

To be completed by applicant:

Name: _____ Date: _____

To be completed by a High School professional familiar with student's work:

How long have you known this applicant? _____

In what capacity: (Circle) Teacher Counselor Other: _____

Among other students you have taught, how you rank the applicant's:

- | | | | |
|--|------------------------|-----------------------|-----------------------|
| 1. Oral Communication Skills | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 2. Written Communication Skills | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 3. Knowledge in field of study | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 4. Initiative | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 5. Research Experience | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 6. Career Aspirations/Goals | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 7. Ability to Work in a Team | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 8. Ability to Work Independently | • Exceptional (top 3%) | • Excellent (top 10%) | • Very Good (top 40%) |
| | • Good (top 60%) | • Poor or inadequate | • Not able to observe |
| 9. Please write below a short paragraph about any specific strengths or weaknesses of the applicant. | | | |

PRINT NAME: _____ INSTITUTION: _____

SIGNATURE: _____ DATE: _____



Photo/Videotape Release and Consent Form

I, (Print Name) _____,
certify that my signature being affixed below on this release and consent form gives
permission to officials employed in the Computer Science Department at Norfolk State
University the full right to use my photograph(s) and/or videotaped image(s) and
sound byte(s) in its recruitment, public relations, and promotional efforts.

I willingly agree to have my photograph(s), videotaped image(s), sound byte(s)
taken knowing that it could be used in various publications and/or broadcasts in the
Commonwealth of Virginia and/or throughout the United States.

Signature

Date

Telephone Number: _____

Email Address: _____

CECOR
Consortium Enabling
Cybersecurity Opportunities
& Research

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(Fax)