



NORTHWESTERN
HEALTH SCIENCES
UNIVERSITY

**APPLICATION FOR ADMISSION
SUMMER SCIENCE ACADEMY 2011**

Science Academy – Admissions
2501 W. 84th Street
Bloomington, MN 55431

Date _____

Student Data

Last Name _____ Frist Name _____ M.I. _____

Address _____

City, State, Zip _____

E-mail Address _____ Date of Birth _____

Home Phone _____ Parents Work Phone _____

Emergency Contact Other than Parent or Guardian – Name and Phone _____

Educational Data

Name of School _____ Location (City, State) _____

Year in School Fall 2011 _____

I hereby give consent as parent/guardian for my son/daughter to participate in Northwestern Health Sciences University's Summer Science Academy during the week of August 15 – 19, 2011. I also give consent for my son/daughter to be photographed during the week of the academy's events and to permit these photos to be used in future Science Academy promotional materials.

Parent/Guardian Signature _____ Date: _____

Student Signature _____ Date: _____

Please complete the application for admission and return to: Office of Science Academy Admission, Northwestern Health Sciences University, 2501 W. 84th St. Bloomington, MN 55431. Questions, please call 952-888-4777x321

Note: In accordance with the Family Education Rights and Privacy Act of 1974, the above information will be used only by office personnel and university officials and will not be released to third parties without your written consent. This university does not discriminate in admission practices on the basis of race, sex, sexual preference, color, religion, age, marital status, national or ethnic origin.