

**APPLICATION FOR SUMMER PROGRAM FOR GIFTED SECONDARY SCHOOL
STUDENTS – Level I**

Center for Mathematical Services, University of South Florida

I understand that there is a \$600 fee for this program (payable after acceptance in the program).

NAME OF STUDENT

DATE OF BIRTH

RACE

SEX

NAME OF PARENT

HOME PHONE

WORK PHONE

PERMANENT STREET ADDRESS

CITY

COUNTY

ZIP CODE

SCHOOL PRESENTLY ATTENDING

SCHOOL ATTENDING NEXT YEAR

ENTERING GRADE

OVERALL GPA

List your semester I/semester II **course grades** in the courses you have taken from the following courses (example A/A-):

___/___ Pre-algebra mathematics

___/___ Algebra I

___/___ Algebra II

___/___ Geometry

___/___ Biology

___/___ Chemistry

Class sizes are limited. Applications received after May 1 will be considered on a space-available basis.

FOR LEVEL I STUDENTS TO APPLY, SEND:

1. The first page of this application.
2. A brief letter explaining why you want to participate in the program.
3. A copy of your latest grade report
4. A letter of recommendation from a mathematics or science teacher in your school **(please see NOTE below)**.

TO: Dr. Jogindar Ratti, Director
Center for Mathematical Services
University of South Florida
4202 E. Fowler Avenue, PHY 114
Tampa, FL 33620-5700

NOTE: We will only accept letters of recommendation that are either:

1. Sent to the address above directly from your teacher, or
2. Are submitted with your application in an envelope sealed by your teacher.