

**APPLICATION FOR SUMMER PROGRAM FOR GIFTED SECONDARY SCHOOL STUDENTS**

Center for Mathematical Services, University of South Florida

**I understand that there is a \$550 fee for this program (payable after acceptance in the program) and a \$50 non-refundable application fee.**

\_\_\_\_\_  
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.

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.