



Photon Camp Application

A complete application consists of the following documents:

1. This filled-out application
2. Personal statement (300 word maximum)
3. Letter of Recommendation from a teacher (preferably math or science teacher)
4. Transcript
5. Signed Video and Photograph Release (Optional)

Applications are due no later than 5pm on May 15th and will only be accepted if they are legible. Either write neatly or type the answers. Applications are considered on a rolling basis. If you have any questions about the content of this application, you may contact the Undergraduate Program Administrator, Cynthia Daher, at cdaher@ur.rochester.edu or (585) 275-7764.

Student Information

First Name:

Middle Name:

Last Name:

Date of Birth:

Sex:

E-mail:

Name of high school and expected graduation year:

Home street address:

City:

State:

Zip:

Are you a U.S. citizen?

(Required to visit the Laboratory for Laser Energetics)

Do you have any severe allergies or health concerns the staff need to be aware of? If so, list them here:

Do you have any food restrictions?

How will you be traveling to/from campus each day?

(If you plan to park on campus, you will be responsible for paying the parking fees. Email Cynthia for more information.)

Camp participants will receive a T-shirt. Please circle your adult T-shirt size:

XS

S

M

L

XL

XXL

Parent/Guardian Information (1):

Name:

Phone number:

Email:

Parent/Guardian Information (2):

Name:

Phone number:

Email:

Alternate Emergency Contact:

Name:

Relationship to applicant:

Phone number:

Academic Background

(Circle appropriate answer)

Have you completed Algebra and Trigonometry? Yes No In-progress

Have you completed pre-calculus or calculus? Yes No In-progress

Have you completed physics? Yes No In-progress

Personal Statement

Please attach a personal statement, up to 300 words, describing your interests and future ambitions.

Certification:

I certify that the information contained in this application is accurate and complete to the best of my ability.

Applicant signature and date



Permissions/Liability Information The Institute of Optics Photon Camp

In consideration for allowing (student name) _____ to participate in The Institute of Optics Photon Camp, I, as his/her parent/guardian affirm that:

I understand that participating in any activity involves a risk of injury or harm.

All such risks are being assumed knowingly and voluntarily, including but not limited to those associated with travel to and from the program. I certify that my child is in good health and does not have physical conditions that would prevent him/her from participating in the program.

In the event of the program's inability to locate me, or the emergency contact designee, I give permission to program authorities to take such emergency measures as they deem appropriate until the emergency contact designee or I can be contacted.

I understand that participation includes attendance at all sessions of the required activities outlined in the program descriptions and I further understand that it may include participation in field trips and other activities away from the university campus. Unless I give written withdrawal of permission, my student is permitted to be transported by university-approved transportation services.

Code of Conduct and Discipline

Students in Photon Camp engage in a challenging academic experience as active participants in the learning process. To ensure that Photon Camp can be fully dedicated to their academic and educational mission, students are expected to adhere to the University of Rochester's Code of Conduct. Students are expected to adhere to these guidelines, and disregard may result in dismissal from the program.

Respect for others:

The University of Rochester community consists of people with diverse backgrounds and beliefs. The university welcomes students in a wide variety of programs, including high school students in academic and athletic programs, collegiate students pursuing undergraduate and graduate degrees, and students enrolled in a variety of workshops. Every effort is made to provide for the needs of all our students.

Conduct that is disrespectful or demeaning of the rights of others, including but not limited to verbal, physical, or sexual harassment, will not be tolerated and may result in disciplinary action up to dismissal from the program. Students are expected to be respectful of all faculty, staff, students, and visitors on campus.



Cell phone use:

Phones must be put on vibrate or turned off during class. We reserve the right to confiscate the phone if a student is asked and refuses to put it away. The cell phone will be returned to the student at the end of the class. Continued violations are a cause for dismissal from the program.

Illegal substances:

Possession, use, and distribution of illegal drugs is not permitted. Student in violation of this will be immediately dismissed from the program.

Smoking:

The University of Rochester is a smoke-free campus. Students caught smoking on campus will be immediately dismissed from the program.

Weapons:

Weapons, such as firearms and explosives, are strictly prohibited. Weapons found will be confiscated and an investigation will be conducted.

Disorderly conduct:

Tampering with fire or emergency equipment or failure to comply with a reasonable request from University of Rochester officials acting in performance of their duties are contrary to the university regulations. Failure to abide by these policies and procedures will result in disciplinary actions up to dismissal from the program.

Your signature below indicates that you (parent/guardian) and the student have read and understand the terms and policies above and agree to abide by them.

Student name: _____

Student signature and date: _____

Parent/Guardian name: _____

Signature of parent/guardian and date: _____



Video and Photograph Release (Optional)

Date: _____

I hereby consent to being videotaped and/or recorded by the staff of the Institute of Optics and the University of Rochester.

I understand that The Institute of Optics and the university have the right to use the videos/photos for posting on social media platforms, advertising future Photon Camps, and presentations related to The Institute of Optics and the university without approval or compensation.

Student name: _____

Student signature and date: _____

Parent/Guardian name: _____

Signature of parent/guardian and date: _____