

# Duke University TIP

## Spring 2012 Scholar Weekend Application

### Program Basics

- Open to all eighth through eleventh graders who have participated in a Duke TIP Talent Search or have been identified as academically gifted or talented by their school criteria.
- Scholar Weekend participants meet on Duke University's East Campus for two days of intensive academic study. Overnight students stay at the Hilton Durham and are supervised by Duke TIP residential counselors.
- Students may apply for multiple courses but will attend only one course.
- Cost: \$450 for overnight students (includes meals and housing); \$400 for day students (includes lunch).
- Session 1 Dates: February 11-12 (Application deadline: January 13)
- Session 2 Dates: March 17-18 (Application deadline: February 10)

### Weekend Schedule

Students and parents check in Saturday between 9 and 10 a.m. Classrooms are open at 9:50. Overnight students leave campus Saturday at 8:30 p.m. to stay at the Hilton Durham. Parents may attend the closing meeting on Sunday afternoon at 4:15 p.m.; students leave at 4:30. A complete itinerary will be available once a student has been placed in a Scholar Weekend course.

### Admissions

- To apply, please print and fill out this application and participation agreement and mail it along with your non-refundable \$10 application fee\* (per weekend) to:

Duke TIP Scholar Weekends Admissions  
1121 West Main Street  
Durham, NC 27701

- You must pay a non-refundable \$10 application fee (per weekend). This is not applied toward the course fee.
- Students are placed on a first-come, first-served basis in the highest ranked open course selected. Scholar Weekend courses are popular and fill quickly, so apply early. Applicants who cannot be placed in any course choices will be put on a waiting list.
- Placement is not guaranteed. Do not make travel plans until notification of course placement.
- Upon placement, additional information about the weekend will be emailed.

- **Full program fee payment is due within two weeks of placement into a course** or your student's program slot may be offered to another student. If your child is unable to attend, Duke TIP must be notified immediately.
- All participants must be covered by health insurance. Information on short-term health insurance will be included on the medical release form.

### Financial Aid

Financial aid is available on a first-come, first-served basis to families who demonstrate need. **Each student may receive financial aid for only one Scholar Weekend course during the academic year.** To apply for financial aid, submit your program application and include the financial aid application with the required documentation in the same envelope. Upon notification of a financial aid award, you must send payment for any balance owed within two weeks or your financial aid and program slot may be offered to another student.

### Cancellation Policy

Cancellations must be made at least two weeks prior to the beginning of the program; you must notify Duke TIP at [aypadmissions@tip.duke.edu](mailto:aypadmissions@tip.duke.edu) or (919) 668-9100 to ensure a full refund. After that time, cancellations will result in forfeiture of payment except in cases of illness (with a doctor's note on letterhead), death of an immediate family member or inclement weather. Refunds usually take three weeks to process.

**\*Note: Checks should be made payable to "Duke University". Please write TIP ID# on check.** Paying by check authorizes Duke University to make a one-time electronic fund transfer from your account. If we do, funds may be withdrawn from your account as soon as the date of receipt and your cancelled check will be destroyed. Returned checks will result in a \$25.00 processing charge.

*Duke TIP reserves the right to cancel any event due to circumstances beyond our control.*

Under the Federal Campus Security Act (20 U.S.C. 1092f), prospective students may obtain a copy of the university's annual security report through the Duke University Police Department at 502 Oregon Street, Durham, NC or by calling (919) 684-4602. This report includes campus crime statistics and the university's safety and security policies.

Duke University does not discriminate on the basis of race, color, national or ethnic origin, handicap, sexual orientation or preference, gender, or age in the administration of educational policies, admissions policies, financial aid, employment, or any other university program or activity. It admits qualified students to all the rights, privileges, programs, and activities generally accorded or made available to students. For further information, contact the Office of the Vice President for Institutional Equity.

# Scholar Weekend Application

Name \_\_\_\_\_ TIP ID# \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County (not country) you live in \_\_\_\_\_ Country of citizenship (if not US) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Sex  Male  Female

Ethnicity and Race (optional) Are you Hispanic or Latino?  yes  no

(Mark all that apply)  Black/African-American  White  American Indian/Alaskan Native  Asian  Native Hawaiian/Pacific Islander

What is your current grade in school?  8th  9th  10th  11th

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Are you applying for financial aid?  yes  no

(If yes, please include the completed financial aid application with the required documentation in the same envelope.)

Primary Contact  Mother  Father  Guardian

Name  Dr.  Mr.  Mrs.  Ms. \_\_\_\_\_ Live with?  yes  no

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Please print clearly and be sure to list a current email address. This email address will be used for important messages regarding application status and enrollment.

Secondary Contact  Mother  Father  Guardian

Name  Dr.  Mr.  Mrs.  Ms. \_\_\_\_\_ Live with?  yes  no

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Were you a Duke TIP 7th Grade Talent Search Participant?  yes  no

In what grade were you identified as gifted/talented by local school criteria? \_\_\_\_\_

School Name \_\_\_\_\_ School Phone Number \_\_\_\_\_

## Course Information

Students may apply for and attend more than one Scholar Weekend. For each weekend you wish to attend, rank the courses in order of your preference (1 is your first choice). You will be placed in your highest ranked course that has space available. **Please rank only the classes you are willing to take.** Students are accepted on a first-come, first-served basis. Courses are popular and fill quickly; if all choices are full, students will be placed on a waiting list.

### Weekend 1 (February 11-12)

Application Deadline: January 13

- \_\_\_\_ Anatomy, Physiology, and Medical Ethics  
 \_\_\_\_ Biomedical Engineering by Design: Cancer Drug Delivery  
 \_\_\_\_ Digital Circuit Design  
 \_\_\_\_ Social Psychology  
 \_\_\_\_ Two Thumbs Up: Introduction to Film Criticism  
 \_\_\_\_ Writing Short Fiction

### Weekend 2 (March 17-18)

Application Deadline: February 10

- \_\_\_\_ Biomedical Engineering by Design: Genetic Testing Technologies  
 \_\_\_\_ Creative Writing Workshop: From Page to Print  
 \_\_\_\_ Digital Circuit Design  
 \_\_\_\_ Introduction to Psychology  
 \_\_\_\_ Punished! Student Speech, Debate, and Freedom!  
 \_\_\_\_ Social Ethics and Modern Art

How many Scholar Weekends would you like to attend?  1 (\$10 application fee\*)  2 (\$20 application fee\*)

\*Application fee is non-refundable.

For office use only:

Date Received: \_\_\_\_\_ CK/M/V: \_\_\_\_\_ Amt: \_\_\_\_\_

App ID: \_\_\_\_\_ Program: \_\_\_\_\_

# Duke University Talent Identification Program Participation Agreement

**PLEASE READ THIS AGREEMENT CAREFULLY. IT IS A LEGAL CONTRACT AND AFFECTS ANY RIGHTS YOU OR YOUR CHILD/WARD MAY HAVE IF HE/SHE IS INJURED OR OTHERWISE SUFFERS DAMAGES WHILE PARTICIPATING IN THE DUKE UNIVERSITY TALENT IDENTIFICATION PROGRAM'S SCHOLAR WEEKEND ("DUKE TIP PROGRAM" or "PROGRAM").**

Be aware that by registering your child/ward (Participant) and having him/her participate in this Program, you, \_\_\_\_\_, and the Participant, \_\_\_\_\_, will be waiving all claims for injuries the Participant might sustain arising out of his/her participation in this Program.

In consideration of the Participant being permitted to participate in the Duke TIP Program, we confirm by our signatures below that we understand and agree to the following:

- 1. Assumption of Risks of Program Participation.** I/We understand that participation in the Duke TIP Program is entirely voluntary. I/We have elected to participate in the Duke TIP Program. As reflected by our signatures below, I/we are aware of, have discussed, and accept the risks associated with and inherent in the Duke TIP Program.
- 2. Behavior Expectations of the Participant.** I/We understand that the Participant has the responsibility to contribute to the success of the Duke TIP Program by conducting himself/herself in a manner that reflects favorably on Duke University, Duke TIP, and all participants in the Duke TIP Program. The Participant agrees to abide by the specific rules and policies that govern participation in the Duke TIP Program as stipulated on the Duke TIP Web site, <http://www.tip.duke.edu/node/78>, which is incorporated and made a part of the Participation Agreement. I/We certify that we have read, understand, and agree to be bound by these rules and policies. I/We further certify that I/we have completed all preparation activities as mandated by the Duke TIP Program and will complete all follow-up activities as may be required by the Duke TIP Program. I/We further understand that Duke TIP reserves the right to decline to approve the Participant's application to participate in the Duke TIP Program or to decline to provide continuing support for his/her participation in the Duke TIP Program at any time should the Participant's actions impede the operation of the Duke TIP Program or the rights or welfare of any person. Should the Participant be dismissed for disciplinary or social reasons, no fees will be returned. Further, if the Participant is dismissed for academic reasons resulting from a lack of effort or attitude toward the academic environment, or from academic dishonesty, no fees will be returned. In the event of such a dismissal, the Participant must depart the Duke TIP Program within 24 hours of dismissal.

It is further agreed that should the Participant leave the Duke TIP Program for any reason other than a death in the immediate family (mother, father, guardian, or sibling only) or an illness, which requires hospitalization, after the fee deadline set by Duke TIP has passed, there will be no refund of any fees. Should the Participant leave the Duke TIP Program as the result of death in the immediate family or an illness that requires hospitalization, Duke TIP will provide a prorated refund not to exceed 50 percent of Program fees.

I/We further agree that Duke TIP reserves the right to make cancellations, changes, and substitutions in case of emergency or changed conditions, or if such are in the best interests of the group affected. Should Duke TIP cancel a Duke TIP Program before that Program begins, a full refund of the Program fees will be made. Should Duke TIP cancel a Duke TIP Program after that Program has begun, a prorated refund of Program fees will be given. In addition, I/we agree that the cost of travel to, from, or during the Duke TIP Program is not included in any fees that may be refunded.

- 3. Participant Obligations Relating to Medical Needs and Insurance.** By signing this Participation Agreement I/we agree:

A. To furnish Duke TIP with requested medical information.

- B. To bear all financial responsibility for any medical treatment arising from the Participant's participation in the Duke TIP Program, and specifically to obtain and maintain throughout the Duke TIP Program coverage under a policy of comprehensive health and accident insurance. Such policy shall provide coverage for injuries and illnesses the Participant sustains or experiences while participating in the Duke TIP Program. Neither Duke University nor Duke TIP shall provide medical insurance for, or assume financial responsibility for, any injury or illness the Participant incurs while participating in the Duke TIP Program.
- C. To obtain such other insurance coverage as may be relevant to Participant's participation in the Duke TIP Program. I/ We also are aware that Duke TIP recommends that participants insure their property against loss or theft.
- D. To accept full financial responsibility for loss of or damages to Duke TIP or host campus property caused by the participant.

**4. Release and Waiver of Liability.** In return for Duke University permitting the Participant to register and participate in the Program and having read and understood this Participation Agreement, I/we hereby voluntarily agree to the following:

- A. I/We acknowledge, agree, promise, and covenant with Duke University and its trustees, officers, employees, agents, and all other persons or entities involved in the Program (Releasees), and do hereby release, hold harmless and discharge Releasees from any and all liability for any injury, death, illness, disease, and damage to Participant or his/her property that Participant might sustain while participating in the Duke TIP Program, including but not limited to residential living and travel incidental to the Duke TIP Program, and I/we execute this release on behalf of and with the specific intent to legally bind us, our heirs, assigns, personal representative(s), and estate.
- B. I/We further acknowledge and understand that pictures or videos taken of participants, or products created and produced by participants, may be used in Duke TIP products, publications, Web sites and/or on social media channels (e.g. Facebook, YouTube), or by organizations approved by Duke TIP.
- C. In signing this Release and Waiver, I/we acknowledge and represent that I/we have informed ourselves fully of the contents of this Release and Waiver of Liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and understand what it means and that I/we sign this document freely. I/we further state that there are no health-related reasons or problems which preclude or restrict the Participant's participation in this Duke TIP Program.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I am the parent or guardian of the above-named Participant. I have reviewed this Participation Agreement and the description of the Duke TIP Program, have discussed it with the Participant and concur with the Participant's participation in the Duke TIP Program under the terms of this Participation Agreement.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

# Financial Aid Application

## Application Instructions to Primary Contact/Parent/Guardian Completing This Form

- Aid awards are based on need.
- Apply early – financial aid funds are limited.
- Applications that do not include all required documentation cannot be processed.
- Submit this form and supporting documents in the same envelope with your Scholar Weekend application.

## Household Information

Duke TIP ID# \_\_\_\_\_

Student Name \_\_\_\_\_  
FIRST MI LAST

Please provide contact information for the parent/guardian Duke TIP staff should contact if they need additional information to process your application.

Primary Parent/Guardian \_\_\_\_\_

Daytime/Cell Phone Number \_\_\_\_\_

Parent Email (please print clearly) \_\_\_\_\_

County of Residence \_\_\_\_\_

Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_

Parent's Marital Status  single  married  divorced  separated  widowed  domestic partner

If you own your home, current value of the home..... \$ \_\_\_\_\_

Balance of associated loans..... \$ \_\_\_\_\_

Does the student participate in a free or reduced lunch program at school?  yes  no

Do you or **any people living in the student's main household** (including grandparents, other relatives, or friends) receive:

Social Security payments?  Yes  No If yes, \$ \_\_\_\_\_/month

SSI payments?  Yes  No If yes, \$ \_\_\_\_\_/month

Child Support payments?  Yes  No If yes, \$ \_\_\_\_\_/month

Welfare, TANF, or other public assistance payments?  Yes  No

If Yes, please list the type of benefit(s) and amount(s) below:

\_\_\_\_\_ \$ \_\_\_\_\_/month

\_\_\_\_\_ \$ \_\_\_\_\_/month

## Required Attachments

A signed copy of your 2010 federal income tax return is required. Include all forms and schedules you submitted with your return:

- Form 1040, 1040A, or 1040EZ  Schedule A  Form 4562  Schedule C and/or F  
 W2 forms  Schedule D  Schedule E

Married parents living in the same household, separated parents, and step-parents filing separate tax returns must submit tax forms for both parents. Divorced parents may submit tax forms for the custodial parent only.

*I declare that I have provided accurate and complete information in this application.*

\_\_\_\_\_  
**Signature of Primary Contact/Parent/Guardian**

\_\_\_\_\_  
**Date**



