

Quad Cities Summer Transportation Institute

Student Application

Please complete this application in its entirety

Name : _____

Address: _____

Home Phone: _____

E-mail (if available): _____

Best time to reach you by phone: _____

Age: _____ Date of Birth: _____ Gender: _____

School: _____

School Address: _____

Grade you are presently in: _____ What is your grade point average? _____

How did you hear about the institute? _____

If selected to participate, I hereby agree to complete the program in its entirety, and take full advantage of this worthwhile opportunity

Student's signature:

Date: _____

PARENT/GUARDIAN signature:

Date: _____

(See attached consent form)

1. List any jobs, internships, and/or volunteer experience you have participated in.: _____

2. List any hobbies and/or extra-curricular activities you are involved with: _____

3. What are your plans after graduation from High School?

- | | |
|--|---|
| <input type="checkbox"/> Attend a 4-year college | <input type="checkbox"/> Attend a technical/community college |
| <input type="checkbox"/> Get a Job | <input type="checkbox"/> Other(Specify) _____ |
| <input type="checkbox"/> 4. If you plan to attend college, | <input type="checkbox"/> what is your intended major? Why? |

5. Are you familiar with the area of transportation as a major? Yes No

6. What other factors should we take into consideration when determining your selection for this program? _____

7. Essay Question: Write an essay outline your interest in the Summer Transportation Institute explaining how your participation will benefit your education/career objective. Include, if you could secure any position in the Transportation Industry, what would it be and why? What characteristics do you have that would help you to be successful in apposition in the Transportation Industry? (1 page limit, include on separate sheet of paper, 12 pt. FONT, double-spaced)

SUMMER TRANSPORTATION INSTITUTE
PARTICIPANT PERSONAL DATA FORM

Name of Participant: _____

Home Address: _____

Social Security #: _____

Do you have any special medical conditions?

- NO
 YES, Please Explain Below:

Do You have any food allergies or dietary restrictions?

- NO
 YES, Please Explain Below:

Do you have family health insurance?

- NO
 YES:
 Name of Insurance Company: _____
Policy Number: _____
Phone Number of Insurer: _____

Person to Contact in Case of Emergency:

Name: _____

Relation: _____

Address: _____

Telephone Numbers of Emergency Contact: _____

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

**SUMMER TRANSPORTATION INSTITUTE
STUDENT PARTICIAPTION PERMISSION FORM**

The parents or legal guardian ("Parent") of _____

Give permission for their child ("Student") to attend all of the program activities included in the following Summer Transportation Institute program administered by EASTERN IOWA COMMUNITY COLLEGES.

Program Sponsor's Name: EASTERN IOWA COMMUNITY COLLEGES

Program Address: 2950 N. Fairmount St. Davenport, IA 52801

Program period: From: June 10, 2019 To: June 28, 2019

The Student and Parent hereby agree with EASTERN IOWA COMMUNITY COLLEGES, the program as follows:

1. The Student's participation in the program is voluntary and the Student assumes all risks and responsibilities concerning participation in the program, including all activities the Student participates in, including but not limited to classroom instruction, field trips, evening and/or athletic activities, but still desires that the Student participate in the program.
2. The Student and Parent consent to allow EASTERN IOWA COMMUNITY COLLEGES, its employees and agents to render medical treatment to the Student if such treatment should be necessary during the course of the program, including but not limited to classroom activities, field trips, evening and/or athletic activities and transportation to and from program events. The Parents is solely responsible for the cost of such treatment for the Student. It is understood that any agent taking action hereunder shall notify the Parent of the same as soon as possible and that EASTERN IOWA COMMUNITY COLLEGES should not delay obtaining any necessary medical treatment while seeking to notify the Parent. The Student and Parent authorize all physicians and other medical care providers, including hospitals, to provide medical care to the Student in accordance with the direction of EASTERN IOWA COMMUNITY COLLEGES, its employees and agents.
3. In consideration of the Student's acceptance into and participation in the program, the Student and Parent hereby agree to indemnify, hold harmless and release EASTERN IOWA COMMUNITY COLLEGES, its officers, board of trustees, employees, agents and student mentors from liability resulting from any illness, injury, damage to property, or other consequence directly related to the Student participation in the program.
4. The Student agrees to abide by all appropriate statutory laws and all rules and policies of EASTERN IOWA COMMUNITY COLLEGES and/or the program sponsor. Failure to abide by the foregoing may result in termination of the Student's ability to continue in the program

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____