

Return Application to
 Mohawk Valley Community College
 Math Corps **AB 130**
 1101 Sherman Dr.
 Utica, NY 13501

Contact: 315-792-5689
Email: sung@mvcc.edu



Application for MVCC Math Corps
 Summer Camp 2020
JULY 13th to AUGUST 6th
 Monday-Thursday
Mandatory Training July 7th-9th
Application due May 15th

High School Teaching Assistant (TA) *Application MUST include:*

ESSAY- 100 words on: why do you want to join the Math Corps program and why should you be chosen?

Report Card: A copy of your most recent report card. If your math grade is below 75%, you must include a recommendation letter from a teacher, counselor, or administrator.

Student Information						
First Name:		Last Name:		Middle Name:		
Gender (Circle One):		Female	Male	Non-Binary	Date of Birth:	
Street Address:		City, State:		Zip Code:		
Phone Number:		Email:				
Ethnicity (Circle all that apply): African American Asian Hispanic Native American White						
Other:						
Name of school you currently attend:				Your current grade:		
Please circle all that apply:		New Student	Previous 9	Previous 10	Previous 11	
T-Shirt Size (Unisex):		Small	Medium	Large	X-large	2XL 3XL
Name of relatives applying to Math Corps:						
Clubs, Organizations, or athletics you participate in:				Awards:		
Transportation (Circle one): City Bus Walker Will be Pick-up and Drop-off						
Parent/Guardian Information						
Parent/Guardian Name:			Relationship:			
Email:		Cell:		Home:		
Parent/Guardian Name:			Relationship:			
Email:		Cell:		Home:		
Emergency Contact						
Name:		Relationship:		Phone:		
Name:		Relationship:		Phone:		
Signature of Student:				Date:		
Parent/Guardian Consent						
As the Parent/Guardian of the above- mentioned student, I certify that my child has my permission to participate in the MVCC Math Corps Summer Camp Program.						
Name of Parent/Guardian (Please Print):						
Signature of Parent/Guardian:				Date:		
Name of Parent/Guardian (Please Print):						
Signature of Parent/Guardian:				Date:		

Media Release Consent

As the Parent/Guardian of the above- mentioned student, I understand that my child's address and contact information will not be made public. I also understand that my child's image and/or voice may be used in MVCC Math Corps promotional material and social media outlets.

Please circle one: Therefore, I **grant** **do not grant** MVCC and MVCC Math Corps permission to photograph or record my child during his/her involvement with Math Corps Summer Camp.

Name of Parent/Guardian (Please Print):

Signature of Parent/Guardian:

Date:

Benefits: A maximum of \$500 stipend along with 2 math classes instruct by certified Math Teachers. T-shirt, school supplies and lunch are also included.

Noted: All applicants are responsible to schedule for a diagnostic exam as part of the application requirement. Full attendance during the camp is mandatory.

Call and schedule your diagnostic exam for one of the following dates:

January: 21st

January: 22nd

January: 23rd

February: 1st

March: 6th

March: 21st

April: 18th

May: 2nd

Available date not Listed? Call and ask

City Bus rider: Please pick up your FREE tickets at MVCC AB 130

For assistant please call 315-792-5689

Thank You!