The Michigan College and University Partnership in partnership with the Louis Stokes Alliance for Minority Participation is collaborating with Delta College, Grand Rapids Community and Wayne County Community College District to invite students for a campus visit to Michigan Tech. Participating students will be traveling via bus.

GOALS OF THE VISIT:

- To encourage students to pursue careers in Science, Technology, Engineering, and Mathematics (STEM)
- To spark students’ interest in research and STEM careers

All applications should be returned to:
Attention: Dr. Tammy Anderson, District Student Services, 2nd Floor
Wayne County Community College District • Michigan Tech Campus Visit Bus Tour
Phone: 313-496-2631 • Email: tanders2@wcccd.edu • Fax: 313-962-1643

Complete Your Application for the Bus Tour • Deadline is 5:00 p.m. August 1, 2016

STUDENTS PARTICIPATING IN THE CAMPUS VISIT WILL HAVE THE OPPORTUNITY TO RECEIVE SCHOLARSHIPS IN THE STEM FIELDS

THURSDAY – SUNDAY
SEPTEMBER 15, 2016 – SEPTEMBER 18, 2016

NOW RECRUITING!
Please complete all items on both sides of form. NOTE: Applicant must be U.S. Citizen or Permanent Resident.

PERSONAL INFORMATION

Last Name: ________________________________ First Name: __________________________________ Middle: ______

Mailing Address: ________________________________________________________________________________________

City: ________________________________________________ State: ____________________ Zip: ____________________

Home Phone: ______________________ Cell Phone: ________________________ Work Phone: __________________

Email Address: ________________________________________________________________________________________

Date of Birth: ________________________ (mm/dd/yyyy)      Gender: ☐ Male ☐ Female      A#: ______________________

Ethnicity (optional):
☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Other (specify) __________________

ACADEMIC / RESEARCH

Current Institution: ______________________________________________________________________________________

What is your Academic Concentration and GPA?: __________________________________________________________

What grades have you received in your Science, Technology, Engineering and/or Math courses?: __________________________________________________________

Research Interests: ____________________________________________________________________________________

Previous Research Experience: __________________________________________________________________________

Student Signature: ________________________________________________ Date: ________________________________

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Wayne County Community College District • Michigan Tech Campus Visit
Phone: 313-496-2631 • Email: tanders2@wcccd.edu • Fax: 313-962-1643

Complete Your Application for the Bus Tour • Deadline is 5:00 p.m. August 1, 2016
TRIP LIABILITY WAIVER

Name of Event: Michigan Tech Campus Visit Bus Tour
Date: Thursday, September 15, 2016 – Sunday, September 18, 2016

I, ________________________________, acknowledge that there are risks associated with making any trip and that these risks include, but are not limited to, accidents while a passenger in or on a vehicle or while a pedestrian, illnesses related to food, weather, or other causes, and actions of other people. I hereby assume all the risks of participating on the trip.

In consideration of my application and permitting me to participate on this trip, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

A. Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, including as to my traveling to and from all destinations associated with the trip, the following entities or persons:

   1. Student Faculty Activity Committee, its members and staff

   2. The College, its elected and appointed officials, employees, students, and volunteers working in behalf of the College.

B. Indemnity and hold harmless the entities or persons mentioned in the above paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this trip.

I hereby certify that I have read this document and understand and agree to its terms and content.

Student Signature: ___________________________________________ Date: ______________

Student A#: ________________________________

Phone: ___________________________________ Email: ________________________________

Complete Waiver for the Campus Visit Bus Tour • Deadline is 5:00 p.m. August 1, 2016