Cornhusker Summer Forensics Institute

**Financial Aid Application**

1. Please state your family’s current annual income\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. How much do you believe you can afford to pay for camp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. Please provide any relevant information about your family’s current financial situation in the space below:

4. In the space below please explain why you wish to go the Cornhusker Summer Forensics Institute and what you think you will gain from doing so.

If you have any questions please contact Aaron Duncan at [aduncan3@unl.edu](mailto:aduncan3@unl.edu)

Please complete the next two pages as well and send the entire application to:

Aaron Duncan

410 Oldfather Hall

University of Nebraska-Lincoln

Lincoln, NE 68588-0329

**CORNHUSKER SUMMER FORENSICS INSTITUTE**

Student's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex: Male Female (Circle one)

T-shirt Size: Small Medium Large XL XXL XXXL (Circle One)

Parent or Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Address if different from student’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Home Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Office Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student's Health Insurance Information (Company and Group ID#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information (Please list any medical conditions or medications the camp should be aware of)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this form you are authorizing the camp, its director, and its counselors to seek emergency medical attention for this student in the event of an emergency**

What events would you like to work on at camp (please circle only one):

Oratory HI DI Informative Entertainment Extemp

Poetry Program Oral Interp Duo/Duet\* OID\*

\*All members of the Duo, Duet, or IOD must be present at camp

Are you are a returning camper interested in the advanced public address writing workshop? YES or NO

Please note that given the time constraints of the camp that most participants will only be able to complete one event, so please circle only the event that you would most like to work on.

Will you be staying in the dorms or commuting to camp: DORMS or COMMUTING (Please circle one)

Are you applying for financial assistance to attend the camp? YES or NO (Please circle one)

If you wish to apply for a **scholarship or reduced tuition** please fill out the financial aid application available on our website: <http://www.huskerspeechcamp.com/apply>

**Deposit -** In order to reserve your spot at the camp we require a $50 deposit with your camp application. Campers applying for financial aid do NOT need to include a deposit.

Send All Applications to:

Aaron Duncan

410 Oldfather Hall University of Nebraska-Lincoln

Lincoln, NE 68588-0329

Aduncan3@unl.edu Office# 402-472-6920

Signature of Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

Signature of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_

**Cornhusker Summer Forensics Institute**

**Parent/Guardian Information**

The University of Nebraska-Lincoln has implemented a Youth Activity Safety Policy to provide a safe environment for youths participating in UNL sponsored activities, clinics or conferences.

Our policy includes safe interaction guidelines as well as background and sex registry checks for Activity Workers. This policy will help to protect participating youths from potential misconduct incidents and help provide a safe, educational and enjoyable activity/program experience.

**Activity Workers**

1. All Activity Workers must successfully pass a sex offender registry search for Nebraska and the state(s) they reside.

2. All Activity Workers driving activity vehicles must successfully pass a Driving Record Check.

3. In the case of an emergency or accident involving your youth, parents/guardians will be notified, following notification of the appropriate emergency personnel.

4. All UNL activities will comply with UNL’s *Youth Activities Safety Guidelines.*

5. As parent(s) or legal guardian(s) you give permission to this activity to use photos of your child in promotional media.

**Disciplinary Action**

The activity directors of University-sponsored activities, clinics and conferences reserve the right to immediately dismiss any youth from the activity, clinic or conference who is found to have violated behavioral expectations. Dismissed youth will be sent home at their expense and will be responsible for all other expenses associated with their dismissal. Parent(s)/guardian(s) will be immediately notified of the youth’s dismissal.

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Parent or Guardian’s Printed Name Signature Phone Number Date