

## **NATIONAL SUMMER TRANSPORTATION INSTITUTE**

*The summer camp that takes you places!*

*Sunday, July 24<sup>th</sup> – Friday, August 5<sup>th</sup>, 2016*

### **STUDENT APPLICATION**

We are excited about you applying for this great program! If something in the application does not apply to you, please write "N/A". Students **must** be entering 10<sup>th</sup>, 11<sup>th</sup> or 12<sup>th</sup> grade in 2016.

#### **STUDENT INFORMATION:**

Name (first, middle, last): \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Gender: Male      Female      Ethnic Origin: \_\_\_\_\_

What is your first language? \_\_\_\_\_ Other languages? \_\_\_\_\_

Do you have a disability or special needs? If so, please describe any/all accommodations you may need.

\_\_\_\_\_

Do you have any dietary restrictions? If so, please describe: \_\_\_\_\_

Which aspects of computers/electronics are you comfortable with?

Email      Social Media      Video Cameras      Tablets      Smart Phones  
Word Processor      Other: please list: \_\_\_\_\_

How did you hear about NSTI? \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please visit <http://vtranscivilrights.vermont.gov/education/youth-programs/nsti>

**Please submit applications to: [And.Morse@Vermont.gov](mailto:And.Morse@Vermont.gov)**

Contact [And Morse](mailto:And.Morse@Vermont.gov) (802) 828-4002

NSTI ♦ Vermont Agency of Transportation ♦ Office of Civil Rights

1 National Life Drive, Montpelier, VT 05633-5001 ♦ Fax: NSTI (802) 828-1047

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**PARENT/GUARDIAN/EMERGENCY CONTACT INFORMATION:**

Parent Name(s) (first, middle, last): \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_ (day) \_\_\_\_\_ (eve)

Address: \_\_\_\_\_

**Emergency Contact Information:**

#1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c) Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

#2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (c) Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**Choose the yearly income range that best represents your family:**

Less than \$15,000-\$29,999

\$30,000-\$59,999

\$60,000+

How many people does this income support? \_\_\_\_\_

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

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**Please submit applications to: [And.Morse@Vermont.gov](mailto:And.Morse@Vermont.gov)**

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**STUDENT RECOMMENDATION ~ Teacher**

**STUDENT INFORMATION:**

Name (first, middle, last): \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

List the classes that you have taken with this teacher: \_\_\_\_\_

**TEACHER: (Please email or fax this directly to NSTI no later than June 1<sup>st</sup>)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Are you aware of any disciplinary actions incurred by the student (probation, suspension, expulsion, etc.)? If so, please explain.

Please tell us about the student's academic qualities, personal character, level of maturity, independence, strengths/weaknesses and any other relevant information.

Do you believe the student would be successful in a 2-week residential camp?                      Y                      N (if no, please list concerns)

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STUDENT RECOMMENDATION ~ Guidance Counselor**

**STUDENT INFORMATION:**

Name (first, middle, last): \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_

**Guidance Counselor:** *(Please email or fax this directly to NSTI no later than June 1<sup>st</sup>)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

School: \_\_\_\_\_

Are you aware of any disciplinary actions incurred by the student (probation, suspension, expulsion, etc.)? If so, please explain.

Please tell us about the student's academic qualities, personal character, level of maturity, independence, strengths/weaknesses and any other relevant information.

Do you believe the student would be successful in a 2-week residential camp?                      Y                      N *(if no, please list concerns)*

Guidance Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit recommendations to: [And.Morse@Vermont.gov](mailto:And.Morse@Vermont.gov)**  
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