

**Return Application to**  
[kbarlow@mvcc.edu](mailto:kbarlow@mvcc.edu) OR  
 Mohawk Valley Community  
 College  
 Math Corps AB 130  
 1101 Sherman Dr.  
 Utica, NY 13501



**Contact:** 315-731-5834  
**Email:** [kbarlow@mvcc.edu](mailto:kbarlow@mvcc.edu)

Application for MVCC Math Corps  
 Summer Camp 2024  
**8am- 2:30pm Mon-Thurs, Jul 8<sup>th</sup>  
 to Aug 1<sup>st</sup>**  
*Training 9am-3pm July 1<sup>st</sup>-3<sup>rd</sup>*  
**Application due June 21<sup>st</sup>**

**High School Teaching Assistant (TA):** Current 9th-11<sup>th</sup> grade. *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.

**Letter of Recommendation:** 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:

### BUS TRANSPORTATION

MVCC will be utilizing a third-party transportation service and will be able to provide free transportation to all Math Corps students from their homes to MVCC. If you indicate that bus services are not needed, it will be your responsibility to ensure your child makes it to camp and is picked up on time each day. Please indicate whether your child will need the bus to attend this camp. My child will need bus transportation (check one):

- Morning only
- Afternoon only
- Both morning and afternoon
- My child will not need bus transportation

### BREAKFAST & LUNCH

MVCC will be providing a free grab & go breakfast and lunch to all students in the math corps program. Mon-Wed lunch will be basic, with a fuller menu on Thursdays. Please indicate if you would like your child to have free breakfast and/or lunch. I would like my child to be provided with (check all that apply):

- Breakfast
- Lunch
- My child will bring their own lunch

### DIAGNOSTIC TEST

I understand that my child will be required to take and pass a no-calculator diagnostic exam prior to being accepted into the Math Corps Program. I further understand that it is my/my child's responsibility to contact the camp coordinator (contact info below) to schedule a time to take the exam if I am unable to attend either scheduled session. The current test sessions available are (check one):

- Saturday, June 22<sup>nd</sup> at 10am, PC120, MVCC Rome Campus
- Sunday, June 23<sup>rd</sup> at 10am, WH225, MVCC Utica Campus.
- My child was a previous TA (no need to retest)
- Neither of these dates work for me (please email [kbarlow@mvcc.edu](mailto:kbarlow@mvcc.edu) to schedule another time)

## PARENT ORIENTATION

I understand that my child and I will be expected to attend a parent orientation. My child and I will be in attendance on (check one):

- Wednesday, June 26<sup>th</sup> at 5:30pm at the MVCC Rome Campus, PC150**
- Saturday, June 29<sup>th</sup> at 10am at the Utica Campus, ACC Snack Bar.**
- Neither of these dates work for me (please email [kbarlow@mvcc.edu](mailto:kbarlow@mvcc.edu) to schedule another time)**

## ACKNOWLEDGEMENT OF ATTENDANCE REQUIREMENTS

The dates for the Math Corps Program are Monday through Thursday, July 8<sup>th</sup> – August 1<sup>st</sup> from 8:00am to 2:00pm. I understand that my child is expected to attend the program every day. My child currently has no other non-essential obligations during the program, and I will ensure their attendance, barring any illness or family emergencies. I further understand that my child's unexcused absences will result in a deduction from their \$575 stipend.

If your child has any other known obligations that occur during camp, please disclose them here:

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## ATTACHMENTS

I have ensured that the following documents are included in my child's application:

- My child's application essay
- My child's most recent report card
- Letter of recommendation (if applicable)

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

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

**Thank You!**