

# IACS Computes! Summer Camp

*Application for Summer 2018*

Applications must be emailed by **April 20, 2018**. A committee will evaluate all complete applications after April 20.

A complete application should include the demographic form, this cover page, and the essay sent along with a copy of your high school transcript AND your most recent report card - as one pdf document to [iacs@stonybrook.edu](mailto:iacs@stonybrook.edu). In addition, two recommendation letters using the enclosed forms from teachers in whose class you have participated, one from a science/math teacher and one from another teacher of your choice, should be emailed directly by the teachers to [iacs@stonybrook.edu](mailto:iacs@stonybrook.edu).

**Acceptance to the program is competitive & limited to 20 students. Applicants will be selected based on all three components of the application (letters of recommendation, essays, and grades).**

Your Name

\_\_\_\_\_

last

\_\_\_\_\_

first

\_\_\_\_\_

middle

Mailing Address

\_\_\_\_\_

Street

\_\_\_\_\_

city

\_\_\_\_\_

state

\_\_\_\_\_

zip

Gender

\_\_\_\_\_

Will you need to

Phone #

\_\_\_\_\_

borrow a laptop? Y/N)

\_\_\_\_\_

High School

\_\_\_\_\_

Year of Graduation

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

T-shirt size (S, M, L, XL)

\_\_\_\_\_

E-mail address

\_\_\_\_\_

Are you eligible for the free or reduced lunch program at your school? (Y/N) \_\_\_\_\_

Information re: your letters of recommendation (to be sent directly from teachers)

Name/Subject of science/math teacher:

\_\_\_\_\_

Name/Subject of additional teacher:

\_\_\_\_\_



**Deadline: 04/20/18**  
Please email to: [iacs@stonybrook.edu](mailto:iacs@stonybrook.edu)  
(tel: 631-632-4629; fax: 631-632-4125)



# IACS Computes! Summer Camp

Your Name \_\_\_\_\_

last

first

middle

## Essay Questions

1. What are your future goals and plans?

2. Why does the IACS Computes! camp interest you and what are your expectations?