

**APPLICATION FOR SUMMER PROGRAM FOR GIFTED SECONDARY SCHOOL  
STUDENTS – Level I**

Center for Mathematical Services, University of South Florida

**I understand that there is a \$600 fee for this program (payable after acceptance in the program).**

NAME OF STUDENT	DATE OF BIRTH	RACE	SEX
NAME OF PARENT	HOME PHONE	WORK PHONE	
PERMANENT STREET ADDRESS	CITY	COUNTY	ZIP CODE

E-mail: \_\_\_\_\_

SCHOOL PRESENTLY ATTENDING	SCHOOL ATTENDING NEXT YEAR
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ENTERING GRADE	OVERALL GPA
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List your semester I/semester II **course grades** in the courses you have taken from the following courses (example A/A-):

___/___ Pre-algebra mathematics	___/___ Algebra I	___/___ Algebra II
___/___ Geometry	___/___ Biology	___/___ Chemistry

Class sizes are limited. Applications received after May 2nd will be considered on a space-available basis.

FOR LEVEL I STUDENTS TO APPLY, SEND:

1. The first page of this application.
2. A brief letter explaining why you want to participate in the program.
3. A copy of your latest grade report
4. A letter of recommendation from a mathematics or science teacher in your school **(please see NOTE below)**.

TO: Dr. Manoug Manougian, Director  
Center for Mathematical Services  
University of South Florida  
4202 E. Fowler Avenue, PHY 114  
Tampa, FL 33620-5700

**NOTE:** We will only accept letters of recommendation that are either:

1. Sent to the address above directly from your teacher, or
2. Are submitted with your application in an envelope sealed by your teacher.

**IMPORTANT:** Please do *not* send the \$600 registration fee until you receive an invoice.