



Program Dates: August 1-5, 2022

Application Deadline: June 24, 2022, 5:00 PM EST

SECTION 1: STUDENT INFORMATION

Name (First & Last)

Email

Phone #

Birthdate

High School

Expected Graduation Year

Please describe your hobbies and interests

Please check if a special diet is applicable:

- ☐ Vegetarian  
☐ Guardian will provide packed lunch due to dietary need

Please indicate t-shirt style & size:

- ☐ Mens Size (xs-xxl):  
☐ Womens

SECTION 2: GUARDIAN & EMERGENCY CONTACT INFORMATION

Primary Guardian Name

Email

Cell Number

Relationship to Student

Street Address

City/State/ZIP

Emergency Contact Name

(in the event that the primary guardian cannot be reached)

Relationship to Student

Cell Phone

Email

SECTION 3: APPLICATION REQUIREMENTS

Please email your completed application to [ccbs@osu.edu](mailto:ccbs@osu.edu). Applications should consist of the following:

- ☐ Completed Application (this form)
- ☐ Signed Agreement Form (page 2)
- ☐ High School Transcript (unofficial transcripts or advisor reports are sufficient)
- ☐ Essay – One page description of why you want to participate in HumCog, including what you might bring to HumCog and what you hope to learn.
- ☐ Optional Reference Letter – From a teacher who is qualified to comment on your ability in courses that best reflect your readiness to engage in HumCog content. This may be emailed separately by your teacher if necessary.



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### SECTION 1: DEADLINES & PAYMENT

**Deadlines:** Application and required documents are due by 5/20/22. Notification of admission to the program will be made by 6/10/22. At that time, a letter of acceptance and invoice will be provided. The invoice will represent the amount owed and the address of where to send the check. A check payment of \$500, payable to the Ohio State University, will be due by 6/30/22.

**Financial Aid:** Limited scholarships are available for families in need. Aid will be based upon need as well as other factors, including merit. To assess the student's eligibility for these scholarships, please check if applicable:

- ☐ The student's family receives public benefits from the Department of Human Services, or other forms of state/federal assistance.
- ☐ The student's family does not receive public benefits from the Department of Human Services, or other forms of state/federal assistance, but still has financial need.

**Payment:** Upon admission to this program, to whom should the tuition bill be sent? Please check:

- ☐ Guardian noted in section 2 of application
- ☐ Other (if checked, please provide the following information)

Name

Email

Cell Phone

Relationship to Student

Street Address

City/State/ZIP

### SECTION 2: TRAVEL ARRANGEMENTS

- ☐ The student will be dropped off and picked up by a parent or guardian each day (August 1-5).
- ☐ The student will drive themselves to and from the event each day.

**Please note:** If the student will be driving themselves to/from HumCog on any day, written permission from the parent/guardian is required two days in advance. The email should be sent to [CCBS@osu.edu](mailto:CCBS@osu.edu) and should specify which day(s) are applicable. Parking information will be provided upon request. The cost of parking is not covered by the program or its coordinators.

**Disclaimer:** If the student must stay after 3:30pm (30 minute pick up time), they will be responsible for themselves. We advise that students stay in the lobby area of the academic building until they can be picked up by a parent or guardian.

### SECTION 3: MEDIA WAIVER & SIGNATURES

**Media Waiver:** It is the policy of The Ohio State University that its staff, faculty, representatives, and/or any media personnel authorized by faculty of the university may make digital, photographic, video and/or film images and records of students, faculty and staff during their time on campus and during their attendance at The Ohio State University events. These images may be used for university-authorized media outlets, promotional purposes (OSU publications, news releases/stories, etc.) and on the university's web site.

**By signing below, you are agreeing to the following terms:** I have read and understand the above media policy, and I consent to The Ohio State University's use of any image or record of me/my child for these purposes.

I have read, completed, and understand the information outlined in this application.

Student Signature

Date

Guardian Signature

Date

Party responsible for payment (if other than primary guardian)

Date