

**YALE UNIVERSITY
CITIZENS-THINKERS-WRITERS:
REFLECTIONS ON CIVIC LIFE
APPLICATION FOR SUMMER 2019**

NOTE: This application can also be completed online at <http://humanities.yale.edu/apply>

APPLICANT INFORMATION					
First Name				Last Name	M.I.
Street Address				Apt/Unit #	
City			State	ZIP Code	
Student Cell Phone			Student Email		
Home Phone			Gender	Date of Birth (mm/dd/yyyy)	
Student High School					
Are you currently in 11 th grade?	<input type="checkbox"/> Yes	Did one or both of your parents attend a 4-year college?	<input type="checkbox"/> Yes, one or both attended <input type="checkbox"/> No, neither attended		
Race/Ethnicity (Please check ALL that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> East Asian/Asian American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Middle Eastern/Arab American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other, please specify:					
Which language(s) did you learn first (please select one)? <input type="checkbox"/> English Only <input type="checkbox"/> English and Another Language <input type="checkbox"/> Another Language Please specify other non-English language(s):					

PARENT/GUARDIAN 1 INFORMATION					
Full Name				Lives with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Home Phone			Work Phone	
Email			Occupation		
Highest Level of Education <input type="checkbox"/> Less than high school <input type="checkbox"/> Graduated high school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree (2-year degree) <input type="checkbox"/> Bachelor's degree (4-year degree) <input type="checkbox"/> Graduate Degree (Master's, Ph.D., M.D.) <input type="checkbox"/> Other, please specify:					

PARENT/GUARDIAN 2 INFORMATION					
Full Name				Lives with Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell Phone	Home Phone			Work Phone	
Email			Occupation		
Highest Level of Education <input type="checkbox"/> Less than high school <input type="checkbox"/> Graduated high school <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree (2-year degree) <input type="checkbox"/> Bachelor's degree (4-year degree) <input type="checkbox"/> Graduate Degree (Master's, Ph.D., M.D.) <input type="checkbox"/> Other, please specify:					

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SHORT ANSWER QUESTIONS

Why have you chosen to apply to the Citizens-Thinkers-Writers summer program? What would you bring to the program and what do you hope to gain?

List and describe any extra-curricular activities, volunteer work, and/or work experiences that have been especially important to you (include dates of your participation):

List any honors or awards received:

ESSAY QUESTION

Please answer the following question in an essay of about 500 words on a separate sheet of paper:

Tell us about a character in a book that you have read during the last year that made a strong impression on you. How and why did this character stand out in your mind?

Be sure to include this essay with your other application documents. The essay will be used to evaluate your writing level and is an important part of the admissions process. The essay will be assessed for content, thoughtfulness, and organization as well as grammar.

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ASSUMPTION OF RISK, RELEASE FROM LIABILITY AND INDEMNIFICATION

*****TO BE COMPLETED BY PARENT/GUARDIAN*****

My child, _____, is not yet 18-years-old and will participate in the Yale University (“Yale”) Citizens-Thinkers-Writers: Reflections on Civic Life program, from **July 14th to July 26th, 2019**, (the “Program”). This document (“Agreement”) covers all aspects of my child’s participation in the Program. In this Agreement, “Yale” means Yale, its trustees, officers, employees, trainees, students, volunteers, and agents.

- **Program Risks.** I understand that participation in the Program involves risks that Yale cannot eliminate, including, among others, risk of property damage, illness, bodily injury, permanent disability, and death. Students will attend a seminar course and be involved in a variety of enrichment activities.
- **Assumption of Risk.** I voluntarily take responsibility for all risks of participating in the Program.
- **Release.** In exchange for Yale allowing my child to participate in the Program, I release Yale from all legal and financial responsibility for any harm that I, my child, or our property might suffer as a result of my child’s participation, even if the harm is caused by Yale’s negligence.
- **Indemnification.** I agree to indemnify and hold Yale harmless from (that is to say, I agree to pay or reimburse Yale for) any costs, penalties, legal fees, or judgments (“Costs”) that Yale has to pay related to my child’s participation in the Program, even if the Costs resulted from Yale’s negligence.
- **Governing Law and Jurisdiction.** The laws of Connecticut shall govern and the courts of Connecticut shall interpret this Agreement.
- **Binding Agreement.** This Agreement shall legally bind me, and my child, family members, spouse, estate, heirs, administrators, or personal representatives.
- **Severability.** If a court decides that any part of this Agreement cannot be enforced, I agree to change that part to make it enforceable. If the unenforceable part cannot legally be changed, it will be severed, but the rest of the Agreement will remain in effect.
- **Signature.** I agree that I have read and understood this Agreement, I am competent to sign it, and I do so voluntarily and without relying on anything Yale wrote or told me except what is written above. I understand that I am free not to sign this Agreement and to find a different program for my child.

Printed name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	
Date	
Child’s Name (printed)	
Child’s Birthdate	

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MEDICAL FORM	
TO BE COMPLETED BY PARENT/GUARDIAN	
It is mandatory that this medical form be completed thoroughly so that appropriate emergency treatment can be provided, if needed.	
Student's Name	
Health Insurance Carrier	
Health Policy Number	
Hospital of Choice	
My child's medications	<hr/> <hr/> <hr/> <hr/>
My child's allergies or other health problems	<hr/> <hr/> <hr/> <hr/>
EMERGENCY CONTACT INFORMATION	
Please provide contact information for another family member or friend who is <u>NOT</u> the child's parent/guardian.	
Name	
Address	
Cell Phone	
Home Phone	
Work Phone	
Relationship to Child	
SIGNATURE	
<i>I authorize Yale University to provide appropriate emergency care to my child, should it be necessary to do so.</i>	
Parent/Guardian Signature	Date

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CONSENT FORM	
TO BE COMPLETED BY PARENT/GUARDIAN	
<p>Please select YES or NO to tell us if you give permission for Yale University & the Yale Citizens-Thinkers-Writers program to include your child in the following components of our program. While participation in a program is not dependent on answering yes to any of the following questions, these permissions are important to the evaluation and long-term success of our programming.</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Survey Release: I give permission to allow my child to fill out surveys and participate in interviews to share his or her perceptions of the benefits and quality of the Yale "Citizens-Thinkers-Writers" program.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>School Records Release: I give permission to the Yale Citizens-Thinkers-Writers program to obtain my child's school records (including but not limited to courses taken, grades, and test scores). This information will be used in conjunction with other survey data and will be maintained in electronic files with strict confidentiality.</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Media Release: During the course of Yale Citizens-Thinkers-Writers program, we may use photographs, videos, films, or other media to record or otherwise capture your child's image or voice or material resulting from his or her activities or performances. As described below, this form allows Yale University and its contractors, agents, and licensees to use those images and recordings.</p> <p>I grant to Yale the permanent right to use the images and recordings in all types of media in connection with the Yale Citizens-Thinkers-Writers program and for other purposes that support Yale's not-for-profit mission. Neither I nor anyone else acting on behalf of my child will have any right to approve or be paid for Yale's use of the images and recordings. Neither I nor anyone else acting on behalf of my child will have any right to make a legal claim as a result of Yale's use of the images and recordings.</p>
Signature of Parent/Legal Guardian	
Date	
Child's Name (printed)	
Child's Birthdate	

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APPLICATION SIGNATURES

"I have completed this application honestly and to the best of my ability. If accepted and enrolled, I agree to fully participate in the program by attending all scheduled classes and activities."

Student Signature: _____ **Date:** _____

"I grant permission for the release of any and all records (grade, reports, attendance, transcripts) in support of my child's application. I understand that my child will commit to full participation in the program with no absences."

Parent/Guardian Signature: _____ **Date:** _____

APPLICATION CHECKLIST

- Application Form
- Essay Question
- Current High School Transcript
- Signed Medical Form, Assumption of Risk Form, Consent Form, Application Signatures
- Two Recommendation Forms from a teacher or librarian (to be submitted by the recommender)

APPLICATION SUBMISSION

Submit Online (preferred): <http://humanities.yale.edu/apply>

OR

Mail paper application and all forms to:

Stephanie Almeida Nevin
CTW Program Coordinator
c/o Whitney Humanities Center
Yale University
53 Wall St.
New Haven, CT 06511

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REQUEST FOR STUDENT'S RECORDS FORM

PARENT/GUARDIAN/STUDENT:

Please give this form to your school counselor/principal. He/she will mail the materials directly to the Yale Citizens Thinkers Writers program.

Dear Principal or School Counselor,

Please release a copy of _____'s complete
student name

academic transcript and his/her grades to the Yale Citizens-Thinkers-Writers program.

Please note that all application materials must be sent by **March 4, 2019** to:

**Stephanie Almeida Nevin
CTW Program Coordinator
c/o Whitney Humanities Center
Yale University
53 Wall St.
New Haven, CT 06511**

For more information about our program please visit:

<http://humanities.yale.edu/ctw>

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RECOMMENDATION FORM**

This form may also be completed online: <http://humanities.yale.edu/recommend>

For more information about the program, please visit:
<http://humanities.yale.edu/ctw>

STUDENT INFORMATION	
Student Name	
Student Email	
Student School	

Please rate the student in the following categories. Please provide feedback that represents your true impressions of the nominee:					
	Outstanding	Good	Average	Below Average	No Basis for Judgment
Enjoys reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is curious, asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays a positive role in class activities and discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs well on tests and exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDER INFORMATION			
Recommender Name			
Email Address		Occupation	
School or Organization			
Relation to Student		Length of time you have known the student	Years____ Months____

RECOMMENDATION STATEMENT
Please write a paragraph or two to tell us why you think this student would be a good fit for this program.

Please mail form to: Stephanie Almeida Nevin, CTW Program Coordinator,
c/o Whitney Humanities Center, Yale University, 53 Wall St., New Haven, CT 06511

All application materials must be submitted by **March 4th, 2019**
Questions: Please contact CitizensThinkersWriters@yale.edu

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Student Email	
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Is curious, asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plays a positive role in class activities and discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enjoys writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs well on tests and exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivated to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECOMMENDER INFORMATION			
Recommender Name			
Email Address		Occupation	
School or Organization			
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