

2025 Summer Experience Science and Engineering for Youth July 13– 18, 2025

Application DUE DATE: Monday June 2, 2025
Submit via email to skip.rochefort@oregonstate.edu
Subject Line: SESEY 2025 Application

Application Form Requirements: Part 1 of 2

- Completed application (below).
- **Essay 1-2 pages (VERY IMPORTANT)**
 - Information about yourself (activities and interests), your family, and **WHY you want to attend SESEY.**

Please visit <https://engineering.oregonstate.edu/CBEE/about/k-12-education/summer-experience-science-and-engineering-youth-sesity> for more information

Name _____ DATE _____

Hometown (City and State) _____

High School _____

Grade (Fall 2024 academic year) _____ Cell # _____

Date of Birth _____ Gender M or F or non-binary (for housing room assignments only)

Pronouns: _____

Email address (required) _____

******NOTE: email is the method that will be used to contact applicants of their selection******

Ethnicity: Hispanic/Latinx Black/African-American American Indian/Alaska Native Asian White
Native Hawaiian/Pacific Islander, Other (specify) _____

Special Accommodations or physical limitations

Tuition assistance (Scholarship) required? No Yes (Half or Full)
(Note: Program Cost \$250 per applicant due upon arrival – DO NOT SEND!)

Name of Parent/Guardian _____

Mailing Address _____

City _____ Zip _____

Primary Phone Contact (text or call) _____

Contact email address _____

Emergency Name (friend, relative) _____

Emergency Phone _____

Favorite Extracurricular activities (sports, clubs, hobbies, etc.): _____

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Application Form – part 2 of 2

To Be Completed by Parent or Guardian

Permission to participate in the Summer Experience in Science and Engineering for Youth

Please complete and sign ALL THREE SECTIONS below. Must be signed by a parent or legal guardian

1. I give permission for _____ to participate in the summer science and engineering camp **Summer Experience in Science and Engineering for Youth (SESEY).**

Signature of Parent or Guardian _____

2. Pictures are often taken during the activities. Circle yes/no and sign below to give the program permission to use your student's picture(s) for publicity. **YES or NO**

Signature of Parent or Guardian _____

3. If my student becomes ill or injured when away from home during the program activities, you have my permission to seek medical treatment for him/her. I understand I will be contacted immediately if medical treatment is necessary.

List any known health concerns, such as allergies or allergic reactions to medications, dietary restrictions

Health Insurance Company

Identification/Group

Insured Person's Name

Signature of Student _____

Signature of Parent or Guardian _____

DATE: _____

NOTE: Electronic Signatures are allowed and indicate accuracy of information provided.