



BENJAMIN FRANKLIN *Experience*

Student Application | Summer 2017

Application Deadline: April 10, 2017

Benjamin Franklin Experience is open to all teens (ages 14–18) who are driven, and ready to explore a multitude of careers. We anticipate that there will be more demand than available spots for our summer sessions, so don't delay! The application process can be completed in two steps:

1. Ask a reference to complete the nomination form and submit to the Benjamin Franklin Experience. Nominators can be a school counselor, a coach, a pastor, a teacher, an employer or a close adult.
2. Complete our confidential student application, and send it:

Online: franklinexperience.org/apply

Email: apply@franklinexperience.org

Mail: The Benjamin Franklin Experience, P.O. Box 2531, Greenville, SC 29602

Please contact **Ellen Edwards**, Program Coordinator, with any questions or for assistance in completing your application form: ellen@FranklinExperience.org | 864.246.8123

Acceptance notifications sent by email on April 15th.

BENJAMIN FRANKLIN *Experience*

2017 SUMMER PROGRAM APPLICATION

STUDENT'S FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

Date of Birth: ____/____/____

- Male
- Female
- Non-Binary/Third-Gender
- Prefer to Self-Describe
- Prefer Not to Say

- American Indian/Native Alaskan
- Hispanic/Latino
- Asian/Pacific Islander
- White/Caucasian
- Black/African American
- Other

Country of Origin: _____

Current School: _____

Current/Past Activities: (Extracurricular, out-of-school, clubs,
sports, jobs, etc.)

How did you hear about the program? _____

For the 2017-2018 school year,
I will be a:

- Freshman
- Sophomore
- Junior
- Senior
- Recent Graduate

INTERESTS

*Please provide us with at least 3 of your interests.
Circle any listed below and/or write in your own.*

- | | | |
|---------------------|---------------------|--------------------|
| Accounting | Engineering | Painting |
| Acting | Event Planning | Politics |
| Action Figures | Fashion Design | Pottery |
| Agriculture | Fishing | Photography |
| Animation | Fitness | Physical Therapy |
| Art | Film | Physics |
| Archeology | Flying | Producing Music |
| Architecture | Football | Rafting |
| Astronomy | Gardening | Reading |
| Athletic Training | Geocaching | Recycling |
| Backpacking | Golfing | Real Estate |
| Baseball | Graphic Design | Rock Climbing |
| Basketball | Gymnastics | Running |
| Blogging | Health Care | Sailing |
| Biology | Hockey | Scouting |
| Camping | Hiking | Skating |
| Cars | Illustration | Social Media |
| Chemistry | Interior Decorating | Storytelling |
| Child Care | Improv Comedy | Theater |
| Comics | Journalism | Urban Gardening |
| Cooking | Kayaking | Urban Planning |
| Construction | Landscaping | Veterinary Science |
| Computer Hardwiring | Law | Videography |
| Computer Games | Martial Arts | Volleyball |
| Creative Writing | Mountain Biking | Wildlife |
| Dance | Music | Web design |
| Digital arts | News Reporting | Woodworking |
| Drawing | Nutrition | Yoga/Meditation |

OTHER: _____

1. What appeals to you most about the program?

2. Why should you be chosen for this program?

3. What's the first thing you will do if you find out you are accepted?

4. What do you hope to get out of the program?

(Examples: exposure to a variety of careers; guidance developing a portfolio of written, visual and audio material; relationships with leaders in a variety of occupations; friendships with peers, etc.)

I would like to attend (circle one) **1** **2** **3** **4** courses over the summer.

Courses run Monday-Friday, 9:00am - 4:00 pm. My schedule allows me to attend this/these courses:

- Course 1: Monday, June 5 — Friday, June 16
- Course 2: Monday, June 19 — Friday, June 30
- Course 3: Monday, July 10 — Friday, July 21
- Course 4: Monday, July 24 — Friday, August 4

Transportation will be provided from headquarters to all field trips and back.

- I will require transportation from home to class headquarters.
- I will require transportation from class headquarters to home.
- I will NOT require transportation to or from home.

Optional comments (i.e., I will only need transportation on certain days):

YES NO Have you ever been convicted of a misdemeanor, felony or other crime?

YES NO Have you ever been found responsible for a disciplinary violation at school, either academic or behavioral, that resulted in probation, suspension, dismissal, removal or expulsion?

If you answered yes to either of the previous questions, please explain: _____

I have special dietary requirements (vegan, vegetarian, diabetic, allergies, kosher, etc).

Please explain: _____

Please check only one of the following:

- I am receiving assistance from one of more of these programs:** Free or Reduced Lunch School Program, Temporary Assistance for Needy Families, Foster Care, Medicaid, or any other similar local, state or federal program.

If checked, you will be considered for a scholarship. We require verification that you are receiving assistance. Options for sending verification paperwork (you will only need to do one of the following):

1. Mail a copy of proof of participation to:

ATTN: Ellen Edwards
Benjamin Franklin Experience
P.O Box 2531
Greenville, SC 29602

2. Email a copy of proof of participation to: ellen@FranklinExperience.org. Please title all subject lines "STUDENT LAST NAME, STUDENT FIRST NAME: Scholarship Paperwork"

3. Call Ellen Edwards, Program Coordinator, at (864) 246-8123

- Please consider me for a scholarship.**

For teens and families seeking either full or partial scholarships, the following information is required:

1. A copy of the household's 2016 federal income tax return; and
2. A statement by the guardian or student that describes the family's financial need for the scholarship and the applicant's interest in the program.

Options for sending verification paperwork (you will only need to do one of the following):

1. Mail a copy of proof of participation to:

ATTN: Ellen Edwards
Benjamin Franklin Experience
P.O Box 2531
Greenville, SC 29602

2. Email a copy of proof of participation to: ellen@FranklinExperience.org. Please title all subject lines STUDENT LAST NAME, STUDENT FIRST NAME: Scholarship Paperwork

3. Call Ellen Edwards, Program Coordinator, at (864) 246-8123

- I am not applying for a scholarship.**

PRIMARY PARENT/GUARDIAN FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT 1 NAME: _____

RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE: _____

EMAIL: _____

EMERGENCY CONTACT 2 NAME: _____

RELATIONSHIP TO STUDENT: _____

PRIMARY PHONE: _____

EMAIL: _____

Privacy Statement

Benjamin Franklin Experience will only use personal information collected from you, or about you, for internal administrative purposes. It will not be provided to other parties other than in accordance with legislative requirements or in circumstances where you have given explicit permission for the information to be transmitted.

Student/Parent/Guardian Declaration

I /we hereby certify that the information and supporting documentation provided in this application is complete and correct. I /we agree that Benjamin Franklin Experience may verify details of my qualifications. I understand that my Scholarship may be cancelled if it is proven that I was offered the Scholarship based on false or misleading information or documentation.

Agreement to Participate

To ensure that you and your parent/guardian understand and accept the risks of participation in the Benjamin Franklin Experience, you both must indicate your understanding and agreement by signing on the appropriate lines below.

Liability Release and Parental /Guardian Consent Form

In consideration of the acceptance of my application for the above program, and intending to legally bind myself, I hereby waive, release, and discharge any and all liability and/or claims for illness, injuries, and damages that may arise directly or indirectly as a result of my participation in any Benjamin Franklin Experience class or event, or my travel to and/or from class or event venues.

This release is intended to discharge in advance AidJoy/The Benjamin Franklin Experience, its officials, officers, employees, volunteers, agents, instructors, sponsors, and owners/managers of any public and/or private venue or facility used for The Benjamin Franklin Experience from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities and/or field trip experiences involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental/Guardian Consent (Complete if applicant is under 18)

I give consent for my child _____ to participate in the Benjamin Franklin Experience, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that AidJoy/The Benjamin Franklin Experience will provide no medial insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing privacy statement, student/parent/guardian declaration, agreement to participate, registration liability release, parental/guardian consent form, and consent for treatment, and agree to all of these terms and conditions.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

Date

Student Signature

Date