

MAST Program at Haverford College – Spring 2012
APPLICATION FORM for High School and Middle School Students

Due December 16, 2011

PERSONAL INFORMATION

Applicant's Name: (First, Last)	
Home Address: (with City, State & Zip)	
Telephone Number: (with area code)	
Full Email Address:	
School name:	
School address: (with City, State & Zip)	
Name of School Counselor:	
School Counselor's phone: (with area code)	

PARENTAL/GUARDIAN INFORMATION

	Mother/Guardian	Father/Guardian
Full Name:		
Phone # (with Area Code)	Home: Cell:	Home: Cell:
Email:		

STUDENT BIOGRAPHICAL INFORMATION

AGE _____ BIRTHDATE: (m/d/y) _____ GRADE (present) _____

Male [] Female []

Have you participated in the MAST program before? No [] Yes []
 If so, were you in the high school or middle school program? _____

Please list below all Science courses you have taken or are currently taking:

- | | |
|----|----|
| 1) | 4) |
| 2) | 5) |
| 3) | 6) |

TRANSPORTATION

Parents/Guardians, please write in exactly how your child would get to Haverford College from home (i.e. bus routes, trains, trolleys) so that we can obtain the necessary tickets. Please tell us how many tokens are needed and how many transfers are required. If your child will be driven to the College, please indicate this.

Transportation type	Number of tokens/transfers/tickets required per round-trip to Haverford College
Route(s):	Token(s) needed:
	Transfer(s) needed:
	Train ticket(s) (i.e., R-5, R-100) needed:
	Other:
Driving Yes [] No []	Additional comments?

TO BE READ AND SIGNED BY BOTH THE STUDENT AND PARENT/GUARDIAN:

PARENT/GUARDIAN:

I certify that I have answered the above questions truthfully and have not withheld any information relative to this application. I understand that my child/legal ward has applied to be a participant in the MAST Program and that if accepted, they must adhere to all rules and regulations of the MAST Program and Haverford College.

I realize that if my child/legal ward breaks the established rules and is posing a serious threat to his or her safety, the safety of any other participant or staff member, or to the success of the experience, my child/legal ward will be sent home and will forfeit any future participation in the MAST Program.

Parent/Guardian Signature: _____ Date: _____

STUDENT:

I certify that I have answered the above questions truthfully and have not withheld any information relative to this application. I understand that I have applied to be a participant in the MAST Program and that if accepted, I must adhere to all rules and regulations of the MAST Program and Haverford College.

I realize that if I break the established rules and am posing a serious threat to my safety, the safety of any other participant or staff member, or to the success of the experience, I will be sent home and will forfeit any future participation in the MAST Program.

Student Signature: _____ Date: _____

Please return the completed application via mail or FAX by December 16, 2011.

Mail applications to:

Haverford College – MAST Program
Att: Kate Heston
370 Lancaster Avenue
Haverford, PA 19041

FAX: 610.896.4904

Email: hc-mast@haverford.edu

Phone: 610.896.1369