

Resident Summer Academy

Join us for our four-week summer residential program!

Participating students will take science, math, English, and Spanish classes in preparation for the 2024 – '25 school year, giving them a boost in personal confidence and academic skills. Afternoons and evenings will include educational, cultural, and recreational activities and field trips. Students will live in the residence halls at Mount Mercy University and take classes at Kirkwood Community College. They will be supervised by UBMS Director John Hebrink, Mount Mercy student advisors, and residence hall and campus security staff.

The academy is free for qualifying students. Transportation, meals, and fees are provided by TRIO UBMS.

Dates: June 10 – 14, June 17 – 21, July 8 – 12, and July 15 – 19.
Monday pickup and Friday drop-off.

Our reward summer field trip will be to the Rocky Mountains July 19 – 25.

Can't attend the entire Resident Summer Academy? Apply for the Morning Mini-Camp June 3 – 7!

- Open to all UBMS students at Midland and Washington high schools.
- Classes and activities from 9 a.m. to noon (Monday and Wednesday at Midland; Tuesday and Thursday at Washington).
- Hike and Beach Day at Lake Macbride, Friday with both schools.
- Students not attending the Resident Summer Academy earn a June stipend.



Upward Bound Math and Science Summer Academy 2024 Application

Check all that apply:

- Morning Mini-Academy: Located at your school, plus Lake McBride Day June 3 – 7
- In-Residence Academy: Monday – Friday, June 10 – 14, June 17 – 21, July 8 – 12, and July 15 – 19
- Summer Trip to the Rocky Mountains: July 19 – 25 (for full Resident Summer Academy participants or those with absences approved by director)

Student Full Name _____
(First) (MI) (Last)

I prefer to be called (name) _____

Student Cell Number _____ Student Email _____

Parent/Guardian Name _____

Parent/Guardian Phone Number for Emergencies _____

Grade Next Year 9th Grade 10th Grade 11th Grade 12th Grade
School Washington Midland

List the classes you plan to take next year in the following subjects. (Example: Geometry for math)

Math _____

Science _____

Kirkwood Classes or Career Academy _____

Foreign Language _____

What subject/career area/passion would you like to pursue during the Genius Hour at the academy? (Example: culinary, video game design, hands-on projects, business development, career exploration.)

T-shirt Size S M L XL 2XL 3XL

Please list any medical conditions or medications that staff should be aware of for our classroom work or on outside field trips.

Hospital Preference Mercy St. Luke's

Use this space to convey any information staff would need to care for your child while attending day classes, field trips, evening activities, and overnight at Mount Mercy University.

Release of Liability and Consent

PLEASE READ THIS CAREFULLY! It affects any rights you may have if your child is injured or otherwise suffers damages as a result of participation in Kirkwood Community College Upward Bound Math and Science (UBMS)-sanctioned activities.

During the time Kirkwood Community College UBMS or its representatives will be providing field trips, and for other good and valuable consideration, YOU AGREE and state, on behalf of yourself, your heirs, assigns, executors, and others, as follows:

1. I UNDERSTAND THAT the Kirkwood Community College UBMS project will strive to protect all participants from danger, injuries, and abuse during the period they are participating in sanctioned project activities by establishing rules and guidelines for Kirkwood Community College UBMS participants, staff, and representatives.
2. I UNDERSTAND THAT INJURIES AND DAMAGES to my child are possible, including, but not limited to, injuries common to all of the activities of the Kirkwood Community College UBMS activity, the risk of property damage and personal injury from motor vehicle accidents, the actions of fellow participants, my child's own actions or inactions, and also SERIOUS, UNCOMMON, AND UNFORESEEABLE INJURIES, sicknesses, and any other physical or mental effects which may result from my child's participation; and
3. I UNDERSTAND AND ACCEPT THE RISK OF ALL (including unforeseeable) INJURIES AND OTHER DAMAGES resulting from or arising out of my child's participation;
4. With awareness of an agreement with all of the above, I, on behalf of myself, my heirs, executors, and administrators, agree to RELEASE Kirkwood Community College UBMS, their officers, faculty members, employees, agents, and volunteers, FROM ANY AND ALL LIABILITY, for ANY INJURIES OR OTHER DAMAGES SUFFERED BY MY CHILD resulting from or arising out of participation in Kirkwood Community College UBMS; and
5. That I WILL INDEMNIFY Kirkwood Community College, faculty members, teaching assistants, resident assistants, supervisors, and participants, Kirkwood Community College UBMS, their officers, employees, agents, and volunteers, FOR ANY liability OR OTHER DAMAGES suffered by them AS A RESULT OF MY CHILD'S ACTIONS.

If my student is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College and Kirkwood Community College UBMS to provide, or see that the necessary care is provided. Additionally, I give the college permission to submit my medical insurance information to any medical provider caring for my minor child.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed _____

Media Release

By signing this application:

1. You hereby consent to the use of photo, video, or other media recordings taken of your child by Kirkwood Community College or those acting on its behalf for the benefit of Kirkwood Community College, including any lawful purpose whatsoever, including, but not limited to, use in any Kirkwood Community College publication or on Kirkwood Community College websites, without payment or any other consideration. You hereby waive any right that you may have to inspect and/or approve the finished product or the copy that may be used, or the use to which it may be applied. You do this with full knowledge and consent and waive all claims for damages.

Yes, I give consent No, I do not give consent

By signing this form, I STATE THAT THIS APPLICATION HAS BEEN FILLED OUT COMPLETELY AND CORRECTLY TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND UNDERSTAND THE CONDITIONS SET FORTH IN THE LIABILITY AND CONSENT FORM AND THE MEDIA RELEASE FORM. I AGREE TO ALL CONDITIONS SET FORTH HEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Parent/Guardian Signature _____ Date _____