



## SUMMER PROGRAM IN PROVENCE

### APPLICATION FOR ADMISSION

#### STUDENT INFORMATION:

Student's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Present Grade: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age as of June 2016: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Parent(s) Home Phone: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Student email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's email: \_\_\_\_\_

Secondary/High School Name: \_\_\_\_\_

How did you learn about The Barat Foundation Summer Program? \_\_\_\_\_

**TRAVEL/ACTIVITY PERMISSION:** I hereby give (Student's Name) \_\_\_\_\_ permission to participate in all travel excursions and to take part in all other activities as scheduled by the Directors of the Barat Foundation Summer Study in Provence.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**TRANSCRIPT RELEASE:** I (Student's Name) \_\_\_\_\_ grant permission to my high school/guidance counselor to mail or fax my current school transcript to The Barat Foundation to complete my Application for Admission.

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**DEPOSIT INFORMATION:** A \$1,100.00 payment (\$1,000.00 deposit plus a \$100.00 non-refundable application fee), payable to **The Barat Foundation** must accompany this completed application. If for some reason the application is refused, the full payment (including \$100 application fee) will be refunded. As the parent or guardian, I understand **The Barat Foundation** study and have discussed with my child that he/she will be required to follow all established rules including, but not limited to, a nightly curfew and no use of any drug (unless prescription) or alcohol. **The Barat Foundation** reserves the right to dismiss students, without refund, who are unable to abide by these rules. It will be the responsibility of the parent/guardian to pay for any additional airfare and expenses incurred if their child is dismissed from the study.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

**REMINDER: ENROLLMENT IS LIMITED** and acceptance is reviewed on a rolling admissions basis. **WE RECOMMEND YOU APPLY EARLY!** You do not need to wait for your transcript or recommendation form, which can be mailed/faxed later.

**PLEASE MAIL TO:** **The Barat Foundation**  
Summer Program in Provence  
P.O. Box #32392  
Newark, NJ 07102

[www.baratfoundation.org](http://www.baratfoundation.org) phone: 973-534-5314 ; email: [baratfoundation@gmail.com](mailto:baratfoundation@gmail.com)

The Barat Foundation is granted permission to use the names and images of study participants in publicity materials.