

Father's Name: \_\_\_\_\_ [ ] Living [ ] Deceased  
Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ [ ] Living [ ] Deceased  
Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

If parents are not your legal guardian, give name, address and phone number of legal guardian.  
\_\_\_\_\_  
\_\_\_\_\_

Number of Siblings/Ages: Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_  
Have any of your siblings applied to any of the CERTL programs for this summer (2012)? [ ] Yes [ ] No  
If yes, please list name of siblings & grade: \_\_\_\_\_

In event of an emergency, contact (name, relationship, address and day phone number):  
Contact 1: \_\_\_\_\_  
\_\_\_\_\_  
Contact 2: \_\_\_\_\_  
\_\_\_\_\_

**Essay:** Why would you like to attend the K-5 CERTL PBL Camp (**50 words or less**)? Students must write their essay in their own handwriting on a separate sheet of paper.

**Pick-up/ drop-off information:** Please provide the names of ALL persons authorized by you (the student's parent or guardian) to pick up your child. Your child will not be released to anyone who does not appear on this list.

Primary Pick-up Person:  
Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Others authorized to pick up your child:  
Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation to child: \_\_\_\_\_ Phone #: \_\_\_\_\_

If accepted into this program, my son/daughter will attend daily. I will encourage his/her success and provide transportation to and from the program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application must be postmarked by March 1.**

## K-5 CERTL PBL Camp

### Summer 2012

Center of Excellence for Research, Teaching and Learning (CERTL)



*Sponsored by*

Wake Forest School of Medicine and Winston-Salem/Forsyth County Schools

*Funding is provided through the*

Center of Excellence for Research, Teaching and Learning (CERTL)  
National Institutes of Health, National Center for Research Resources,  
Science Education Partnership Award (R25RR16206) and the  
Howard Hughes Medical Institute.

**Application must be postmarked by March 1.**

# K-5 CERTL PBL\* Camp

June 18 - June 29, 2012

## What is K-5 CERTL PBL Camp?

The K-5 CERTL PBL Camp is a hands-on, interactive, fun look at science and mathematics for kindergarten through fifth grade students from Winston-Salem/Forsyth County Schools and community. The camp emphasizes problem-solving skills by using everyday life situations.

Students will attend daily Problem-Based Learning (PBL) activities to enhance their interest and ability in science and mathematics. In these sessions, students will work in teams and use resource materials to discover potential solutions to problems presented in their cases.

## Who is Eligible to Participate?

Enrollment is limited to 120 students, who are currently in kindergarten through fifth grades for the 2011/2012 school year. Females and minorities including African-American, Hispanic, Native American, Asian-American, and other underrepresented groups are encouraged to apply.

## When will the Camp Take Place?

The Camp will be held June 18 to June 29, 2012. The Camp will be held from 8:30 am to 3:00 pm each weekday. Students will be provided lunch and snacks daily, and there is no cost for attending the program.

## Where will the Camp Take Place?

CERTL Camp is held at Kimmel Farm Elementary School, located at 4672 Ebert Rd., Winston-Salem, NC, 27127. Parents must provide transportation if their child is accepted.

## How are Students Selected for the Camp?

Students will be selected for participation in the Camp based on the potential of the student to benefit from the program, the stated level of motivation in science and mathematics, and by letter of recommendation from his or her teacher.

**Only those applications fully completed with essay and accompanied by a letter of recommendation by the student's teacher will be considered.**

**NOTE: Being recommended by your teacher does not guarantee that the student will be selected for the program.**

Send completed application, essay and teacher recommendation postmarked by **MARCH 1** to:

K-5 CERTL PBL Camp  
Wake Forest School of Medicine  
CERTL Office  
Medical Center Boulevard  
Winston-Salem, NC 27157  
336-713-7723 Fax: 336-713-7701

*Students who are accepted will  
be notified by April 23.*

\*PBL – Problem-Based Learning

# K-5 CERTL PBL\* Camp

## Application Form

Wake Forest School of Medicine

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Male  Female

Ethnic Group:  Hispanic

Caucasian American

African-American

Asian-American

Native American

Other (Specify) \_\_\_\_\_

Do you have, or have you had, any serious illness, physical disability, chronic illness or food/environmental allergy?  Yes  No If yes, describe: \_\_\_\_\_

Dietary Concerns (including ALL food allergies): \_\_\_\_\_

Special Behavioral or Learning Needs: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please indicate your interest level and (expected) grade in math/science courses: \_\_\_\_\_

Have you attended other programs sponsored by WFSM? If yes, indicate which program and the date of participation: \_\_\_\_\_

List Extracurricular/Community Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that my child must be able to attend all 10 days of the program to be considered for acceptance (please check box).**

