



Application Form

To be sure you get the session you want, apply online now!

The application deadline is May 3, 2010.

Late applications may be accepted at the sole discretion of the program administrators.

Apply now for Summer 2010! Please complete the application below or *apply online* at www.GreatBooksSummer.com

Student Information (all information is required)

Name _____

Address _____

City _____ State _____ Zip _____

Student Email _____ Cell Phone _____

Gender: Male Female Date of Birth: _____ Grade (as of Jan. 10) _____
(circle one) (Month/ Day /Year)

How did you hear about us? _____

Family Information

Mother's Name _____ Home Phone _____

Address (if different from student's) _____ Cell Phone _____

Mother's Email _____ Work Phone _____

Father's Name _____ Home Phone _____

Address (if different from student's) _____ Cell Phone _____

Father's Email _____ Work Phone _____

Please Enroll my child in the following session (see page 15 for offerings):

Choose your campus Stanford Amherst

Choose your program Intermediate Senior Senior Film

Choose your length of stay One week Two weeks Three weeks

Choose your start date June 20 June 27 July 4 July 11 July 18 July 25

Tuition Information

The Application Deposit will be credited to your child's total Tuition Fee. The tuition balance is due by May 3, 2010. Registrations received after May 3rd require full payment.

Additional Fee Schedule

- Registration Fee \$25 for each student
- Materials Fee \$150/one week, \$200/two week, \$250/three week
- Excursion Fee \$125/two week, \$250/three week
- Transportation Fee \$75 each way *(optional; if you wish to be met at or taken to the airport)*

Payment Information

Please accept my application deposit of \$325 along with my \$25 registration fee for the session indicated above.

I enclose check # _____ in the amount of \$ _____
(please make payable to Great Books Summer Program)

I prefer to charge my credit card in the amount of \$ _____ VISA MASTERCARD

I authorize GBSP to charge the balance automatically on April 23, 2010

Card # _____

Cardholder's Name _____
(as it appears on card)

Expiration Date (mm/yy) _____

Signature _____

Reserve your space today!

Please mail this completed application along with your \$325 tuition deposit and \$25 registration fee to: Great Books Summer Program, PO Box 743, Fairfield, CT 06824, or fax it to 1-203-255-0675. You will receive a confirmation within two weeks of receipt.

Student Nomination Information

Please choose one:

I am enclosing a completed Nomination Form from my teacher (or counselor, principal, or head of school).

I would like a representative of Great Books Summer Program to contact my teacher to obtain a recommendation on my behalf.

School Name _____

School Address _____

School Phone _____

Teacher/Counselor/Principal to contact _____

Nominator's Title _____

Nominator's Email _____