

JULIAN KRINSKY PENN NURSING SUMMER INSTITUTE

2010 APPLICATION

To speed the application process, apply online at www.jkcp.com

PLEASE PRINT.

Student Information

NAME	PREFERRED NAME (Nickname)	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS	E-MAIL	
CITY/STATE/ZIP	COUNTRY	
HOME PHONE	HOME FAX	CELL PHONE
DATE OF BIRTH (MM/DD/YY)	AGE AT PROGRAM	
ROOMMATE REQUEST (if applicable)		

Family Information

PARENT 1 NAME	PARENT 2 NAME
PARENT 1 WORK PHONE	PARENT 2 WORK PHONE
PARENT 1 CELL	PARENT 2 CELL
PARENT 1 E-MAIL *	PARENT 2 E-MAIL *

*Please provide at least one parent e-mail. Your child's application confirmation will be sent to that address.

In case of emergency, if parent cannot be reached, please contact:

NAME	RELATIONSHIP	
PHONE: HOME ()	WORK ()	CELL ()

How did you hear about Julian Krinsky Camps & Programs?

<input type="checkbox"/> PREVIOUSLY ATTENDED JKCP	WHICH CAMP OR PROGRAM?	NUMBER OF YEARS
<input type="checkbox"/> FROM ANOTHER STUDENT	NAME	
<input type="checkbox"/> ADVERTISEMENT/ARTICLE	PUBLICATION	
<input type="checkbox"/> POSTCARD MAILING	POSTCARD CODE	
<input type="checkbox"/> CAMP FAIR	NAME	
<input type="checkbox"/> CAMP REFERRAL AGENCY	NAME	
<input type="checkbox"/> SCHOOL/GUIDANCE COUNSELOR	NAME	
<input type="checkbox"/> INTERNET SEARCH	WEBSITE	
<input type="checkbox"/> OTHER		

School Information

SCHOOL CURRENTLY ATTENDING	GRADE AS OF SEPT. 2010 <input type="checkbox"/> 11 <input type="checkbox"/> 12
SCHOOL ADDRESS	
CITY/STATE/ZIP	COUNTRY
SCHOOL PHONE	
SCHOOL WEBSITE	
TYPE OF SCHOOL <input type="checkbox"/> PRIVATE <input type="checkbox"/> PUBLIC <input type="checkbox"/> PAROCHIAL <input type="checkbox"/> HOME	

School Reference Information

Please list the name, address and telephone number of a teacher or guidance counselor you would like to use as a reference. We will contact them directly.

NAME OF GUIDANCE COUNSELOR		
TITLE	PHONE	E-MAIL
NAME OF TEACHER		
TITLE	PHONE	E-MAIL

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Extracurricular Activities

List your extracurricular activities (sports, arts, community service, after school classes, workshops, participation in school newspaper, yearbook, special skills):

List any academic, community, or athletic honors or awards: _____

What skills and strengths set you apart from other high school students? _____

What do you hope to accomplish during the Penn Nursing program? What do you hope to gain from this experience?

(Answer question in 200 words) _____

Program Date, Tuition and Fees

- July 4 – July 31 \$5,825 (4 weeks)

Additional Fees

- Nonrefundable application fee \$100 (payable at time of application)
- Off campus trips and excursions \$165 per week

Optional Services

- Shuttle to/from Philadelphia International Airport \$30 one way/\$50 round trip
- Pottruck Fitness Center Pass \$125 (Selection must be made at time of application. For more information, please visit <http://www.upenn.edu/recreation/facilities>).
- Laptop Rental \$200
- Laundry Service \$25 per week

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Application Requirements

The following application requirements must be submitted as soon as possible by mail or fax to:

Julian Krinsky Camps & Programs, 610 S. Henderson Rd., King of Prussia, PA 19406

Fax: 610-265-3678

- Two Letters of Recommendation: The letter of recommendation is attached as well as downloadable at www.jkcp.com/pennnursing/. You should submit one letter from a guidance counselor and one from a teacher.
- Copy of Academic Transcript: This should be mailed or sent by the school and should include your Fall 2009 grades.
- Digital Identification Photo: required for dorm and dining hall access. Photo guidelines will appear in your confirmation e-mail.

Your application is only considered complete once all of the above are received.

Payment of Fees

A \$800 deposit plus a \$100 nonrefundable application fee and cancellation insurance (if purchased) must accompany this application. Your application will not be considered complete until your deposit has been received. Please make your check payable to Julian Krinsky Camps and Programs, 610 S. Henderson Road, King of Prussia, PA 19406. If you are not accepted into the program, your deposit will be returned.

Refund/Cancellation Policy: Notification of withdrawal must be made in writing to the program. Refunds will be made as follows:

<u>Withdrawal date:</u>	<u>By May 1</u>	<u>May 2nd and later</u>
<u>Amount of refund:</u>	All but \$300/wk.	No refund without cancellation insurance

We recommend cancellation insurance to protect against unforeseen circumstances, sudden illness or injury to you or a family member, or a change in travel plans. JKCP offers cancellation insurance that provides a refund of all but \$300 per week. The price of the insurance is 5% of the total tuition fee and must be paid at the time of application. There will be no refund of tuition after May 1 if cancellation insurance was not paid in full at the time of application. Even if cancellation insurance is paid for, there will be no refund for a student who is asked to leave the program for the use or possession of tobacco, drugs, alcohol and/or weapons or whose conduct is detrimental to the program. These decisions are at the sole discretion of JKCP. Please read our policy online at www.jkcp.com/getinfo/cancellation.php.

If you have not received your email confirmation within four days, please contact our office at **866-879-5527** or **610-265-9401**.

JULIAN KRINSKY PENN NURSING SUMMER INSTITUTE

LETTER OF RECOMMENDATION

Please print this form and give it to the person who you have chosen to provide a Letter of Recommendation for you.

CANDIDATE NAME _____

The candidate named above is applying to the Julian Krinsky Penn Nursing Summer Institute located at the University of Pennsylvania. Acceptance to this program requires that candidates show evidence of intellectual curiosity and be socially and emotionally mature enough to handle the choices and opportunities they might encounter in a challenging program. On the basis of these criteria, we welcome your evaluation of this candidate's ability to successfully participate in our program. This recommendation will be used exclusively in the evaluation process for the Penn Nursing Summer Institute and will be kept strictly confidential from both candidates and parents.

	Excellent	Above Average	Average	Below Average
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity and Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Rules and Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the student ever been involved in any disciplinary action that you are aware of? Yes No

If yes, please explain: _____

We welcome any insights you can share regarding this candidate or suggestions on how we can enhance this candidate's experience with us. _____

Overall Recommendation

I recommend this candidate without reservation.

I recommend this candidate with reservation. Please explain: _____

I feel that this candidate is unsuited for the program at this time.

NAME _____

TITLE/POSITION HELD _____

PHONE _____

E-MAIL _____

SIGNATURE _____

DATE _____

Please fill out all information above and mail this form to

Julian Krinsky Penn Nursing

610 S. Henderson Road, King of Prussia, PA 19406

or fax to 610.265.3678

JULIAN KRINSKY CAMPS & PROGRAMS

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FOR COMPLETION BY PARENT/GUARDIAN

Terms & Conditions

1. Julian Krinsky Camps & Programs ("JKCP") does not own any entity which is to or does provide goods or services for your child's ("child") program including, but not limited to, campus or lodging facilities, such as dormitories, transportation companies, restaurants, food service, educational or entertainment providers. As a result, JKCP is not liable for any negligent or willful act or failure to act of any such person, or of any other third party not under its direct control. Without limiting the foregoing, JKCP accepts no responsibility for any risk or resulting injury, delay, inconvenience, damage, or death which results from acts of government, nuclear reaction or incidents, criminal activity, weather or other acts of God, accidents, disease, epidemics or the threat thereof, illness, the provision of the demands of indoor or outdoor activities, activities engaged in by your child during free or unsupervised time, strikes, political or civil unrest, over-booking, acts of terrorism or the threat thereof, insurrection or revolt, or any other event beyond its direct control.
2. JKCP reserves the right to decline to accept any student for inclusion in a Program who in JKCP's sole discretion cannot prosper in the Program setting, and/or whose attendance would compromise the overall experience for others and/or whose attendance could be dangerous, hazardous or detrimental to the participant or to others.
3. I agree to ensure that my child reads the Rules and Policy form, understands it, and signs it (form sent with arrival packet).
4. I agree to pay for any charges imposed by the college or any supplier of services levied upon JKCP as a result of any damages occurring from the negligence or liability of any participant of JKCP, destruction of property or other damage caused by my child.
5. Arbitration. Any and all disputes concerning the participants involvement at JKCP, which relate thereto, or the Program itself, shall be resolved solely by binding arbitration in Montgomery County, Pennsylvania in accordance with the then existent commercial rules of the American Arbitration Association. In any such arbitration the substantive (but not procedural) laws of the Commonwealth of Pennsylvania shall apply.

Parent/Guardian Consent

I have read and understand these Terms & Conditions and agree to them on my own behalf and on behalf of my child. I give my permission for my child to participate in any JKCP program. I agree that my child will abide by the program rules and realize any breach of these rules may result in his/her immediate dismissal without refund of any fees or further obligation of JKCP.

I authorize JKCP, or its authorized representatives, to take whatever actions it may consider warranted under the circumstances regarding my child's health and safety, and I fully release JKCP and its authorized representatives from any liability for such circumstances or actions as may be taken in connection therewith. I further authorize JKCP, or its authorized representatives, at its discretion, to place my child, at my expense and without further consent, in a hospital for medical services and treatment, or if no hospital is readily available, to place my child in the hands of a licensed doctor for treatment. JKCP may elect to access my family health/accident policy.

JKCP has my consent to take my child on off-campus trips as part of JKCP activities.

JKCP retains the right to use photographs of my child for media or advertising purposes without notice or compensation therefore.

- Please check here if any medical, physical or other condition may limit your child's ability to fully participate in any activity.
- Please check here to have an arrival packet emailed to you at _____.

I have carefully read the above information and agree to the conditions stated herein.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PRINT NAME _____

Please contact us if you have any questions: Phone: 610-265-9401 • 866-TRY-JKCP • Fax: 610-265-3678 • E-mail: julian@jkcp.com