



Guam Community College
College Access Challenge Grant Program

Student Center Building Room 5202
Mangilao, Guam 96923 / Tel: 671-735-5565/0221 / Fax: 671-734-5238
Email: gcc.cacgp@guamcc.edu

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NATIONAL TRANSPORTATION SUMMER INSTITUTE

June 29 - July 17, 2015

9 a.m. to 3 p.m.

Guam Community College

No class on July 3th in observance of Independence Day

(High School) APPLICATION DEADLINE: June 10, 2015 or until filled.

This will be on a first come first serve basis by school.

ATTENTION: CHRISTINE B. SISON

EMAIL: christine.sison@guamcc.edu

For your application to be reviewed, **you must attach the following:**

☐ **A written statement from the applicant describing the reasons for choosing to apply and participate in the program.** Please see the last page of the application for the student to write a brief statement.

☐ Please attach a copy of your child's **most recent report card or transcript** with this application.

☐ **Updated Immunization Records (TB skin test MUST BE current):** This does not have to be submitted as part of your application. Once you receive confirmation of acceptance into the program, you must submit the updated immunization records prior to the first day of the program.

☐ If you are a **student with a disability, official documentation** must be attached with this application.

STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

MAILING ADDRESS: _____ **Village:** _____ **Zip:** _____

STREET ADDRESS: _____ **Village:** _____ **Zip:** _____

CONTACT NUMBERS: Home: _____ Cell: _____ E-mail: _____

ETHNIC ORIGIN: _____ **DATE OF BIRTH:** Month _____ Day _____ Year _____

SEX: ☐ Male ☐ Female

PARENT(S)/GUARDIAN(S) INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____

Home: _____ Work: _____ Cell: _____ E-mail: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Home: _____ Work: _____ Cell: _____ E-mail: _____

HEALTH & DISABILITY

Do you have a disability? ☐ No ☐ Yes Documentation on file in our office? ☐ No ☐ Yes

What type of special accommodation do you need? _____

EDUCATION

School attending in SY13-14: _____ Grade in SY13-14: _____

School attending in SY14-15: _____ Grade in SY14-15: _____

Do you plan on attending college? ☐ No ☐ Yes

I have thought of majoring in: _____ Current Overall Grade Average? _____

APPLICATION AGREEMENT

The information I have given is correct and accurate to the best of my knowledge. I understand that intentional falsification of any information within this application can disqualify me from participation in the program.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

To Parent (s) or Guardian (s): _____ **Session:** _____

Please read the contents of this consent form before signing. Clarify any concerns with a CACGP staff before signing. In order for your child to participate in the field trips and the summer program, this form must be signed.

Description of Supervision:

- Teachers, tutors, and/or staff will supervise field trips.
- Parents will drop off and pick up their child/children at the Multipurpose Auditorium Building 400. This is the designated area for this Summer Program.
- Parent/Guardian **MUST WRITE A LETTER OF AUTHORIZATION for students who are driving or walking home,** otherwise parent/guardian must pick-up their child/children at the Multi-purpose Auditorium Building.
- In the event of an injury or illness, emergency response to be followed by supervisory staff may include the following:
 1. Assessment of the situation and provision of first aid as necessary by nursing office/staff.
 2. Decision to involve emergency response teams (paramedics, etc.)
 3. Contact with parent/guardian/emergency personnel immediately.

Consent and Authorization for Summer/Field Trips

NOTE: SSNs are required for federal field trip sites.

Student Name: _____ Grade Level: _____ SSN: _____
(Print Name)

Participation, waiver, & release of liability acknowledgement and assumption of risk: In consideration of being allowed to participate in CACGP activity/ies, I/we **parent(s)/legal guardian(s)** _____ hereby release, waive, discharge, and covenant not to sue Guam Community College from all liability to myself, to my personal representative, assigns, heirs, and next of kin, for any and all loss or damage and any claim or demands therefore on account of injury to the person or property of myself, by reason of accident, illness, injury, death, other consequences arising or resulting directly or indirectly from participation in CACGP Activities offered by Guam Community College. I voluntarily elect to participate in this activity with knowledge of any dangers involved, and I hereby agree to accept and assume any and all risks of property damage, personal injury, or death. Guam Community College and the Territory of Guam assert lack of responsibility or liability resulting from participation in CACGP activities.

Waiver of liability and indemnification: In consideration for being allowed to voluntarily participate in CACGP activities on behalf of myself, my personal representatives, heirs, next of kin, successors, and assigns, I forever **a)** waiver release and discharge Guam Community College, the Territory of Guam, its agencies, officers and employees from any and all negligence and liability for my death, disability, personal injury, property damages, property theft or claims **b)** indemnify, save, and hold harmless Guam Community College, the Territory of Guam and its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses, and fees arising out of or resulting from my actions during CACGP activities. I hereby consent to receive emergency medical treatment which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release of indemnification and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law.

By signing this release and waiver of liability, the undersigned is aware that CACGP Activity/Event may involve inherent dangers and risks and the undersigned is voluntarily participating in these activities with knowledge of the dangers and risks involved and hereby agrees to accept any and all risks of injury associated thereby.

Photo & Video Release Authorization: I hereby give Guam Community College and their assigns the absolute right and permission to copyright and/or publish or use photographic portraits, pictures or video of my child(ren), or in which my child(ren) may be included in whole or in part, or composite or distorted in character or form, in conjunction with their own or fictitious name, or reproduction thereof in color or otherwise, made through any media at their locations or elsewhere, for art, advertising, trade or any other lawful purposes whatsoever.

I also give Guam Community College and their assigns the absolute right and permission to allow media print and television photographers to photograph my child(ren) for general news related reasons. I understand that Guam Community College will use discretion when allowing news media to photograph my child(ren). I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied. I hereby release, discharge, and agree to save Guam Community College and their assigns from any liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said pictures or video, or any procession leading towards the completion of the finished product. I understand that this release is for the Guam Community College and will be in effect indefinitely.

I give my consent to CACGP to provide the necessary information to participate in activities to include field trip sites. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Guam Community College and I have signed of my own free will. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Parent/Guardian Signature

Date

Please describe the reasons for choosing to apply and participate in the National Transportation Summer program. Do you have an *interest* in transportation? Do you feel this summer program can assist you with a future *goal*? and/or What *subjects* do you think are important for a career in transportation (example of careers: mechanical, machine operation, airline industry, airport, commercial port etc.). What *types of places* on Guam do you hope to see that *relates to transportation*?

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