Your complete application MUST include ALL of the following items:

(1) Application form
(2) A short, handwritten paragraph explaining why you want to participate
(3) Copy of your first semester report card

All items should be received by April 18, 2014.
Mail to:
Dr. Carlos Spaht, II
Director, LaPREP
Department of Mathematics
LSU Shreveport
One University Place
Shreveport, LA 71115
Phone: 318.797.5356

ACCEPTANCE
Graduates of LaPREP will be given priority in acceptance to the program; however, all qualifying applicants will be considered. Notification of acceptance will be made by May 2, 2014.

MEDICAL RELEASE INFORMATION
It is very important for the safety and security of each participant that AVEA, under the direction of John Miralles, is provided with all of the information requested in this document.

TRANSPORTATION
Since AVEA is moving to InterTech this summer, we are revising our transportation policy. InterTech is not on any SporTran route (the closest bus stop is a few blocks away). For the safety of our participants, we will not be providing SporTran bus passes this year. Parents will be responsible for providing or arranging transportation for their child.

PICK UP AND DROP OFF LOCATIONS
Pick up and drop off location is at InterTech 1, located at:
2031 Kings Highway
Shreveport, Louisiana 71103
### The Animation and Visual Effects Academy (AVEA)
Sponsored by LaPREP
June 2 – 26, 2014

**STUDENT APPLICATION**

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
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<tbody>
<tr>
<td>Name (First, Middle, Last):</td>
<td>Gender:</td>
</tr>
<tr>
<td>School:</td>
<td>Home Phone:</td>
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<tr>
<td>Address:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>City:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Student Email:</td>
<td>Grade during 2013-2014 school year:</td>
</tr>
<tr>
<td>High School Graduation Date:</td>
<td>College/Career Plan:</td>
</tr>
</tbody>
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**STUDENT INTEREST (Please rate your interest below)**

| Digital Media Career or University Program (Animation & Visual Effects, Video Games) | Strong [ ] Fairly Strong [ ] Not Very Strong [ ] |
| Study in the fields of STEM (Science, Technology, Engineering, Math) | Strong [ ] Fairly Strong [ ] Not Very Strong [ ] |
| Physics/Aviation | Strong [ ] Fairly Strong [ ] Not Very Strong [ ] |

**PARENT/LEGAL GUARDIAN INFORMATION**

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<tr>
<td>Name:</td>
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<td>Address:</td>
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<tr>
<td>City:</td>
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<tr>
<td>Home Phone:</td>
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</tbody>
</table>

**STUDENT COMMITMENT AGREEMENT AND SIGNATURE**

I am serious about my desire to participate in AVEA. I agree to abide by the rules and guidelines of the program and to participate fully.

Student Signature: Date:

**PARENTAL CONSENT**

As a parent/guardian, I certify that my child/ward has my permission to participate in this program and will attend June 2-26, 2014. It is my understanding that my child/ward will be subject to the regulations put forth by LSUS, LaPREP, AVEA, and InterTech. I attest to the accuracy of the information above and I willingly release it to the AVEA staff.

In consideration of my child’s participation in the LSUS- and LaPREP-sponsored Animation and Visual Effects Academy, AVEA, I, on behalf of myself, heirs, or legal representatives, do hereby discharge and release and forever hold harmless LSUS, LaPREP, AVEA, InterTech, and their employees and any facility at which events are held, from any and all claims, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by me or my child during participation in the aforementioned activity except as resulting from gross negligence on the part of the organizations, their employees, or those responsible for facilities used.

Name of Parent/Guardian (please print): Signature of Parent/Guardian:

Name of Witness (please print): Date:
MEDICAL RELEASE FORM

Name (First, Middle, Last):

Date of Birth: Home Phone: Cell Phone:

If medical care is required for _______________________________________________, (Participant Name) in conjunction with any AVEA activity, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I request that in my absence the above named child be admitted to any hospital or medical facility for diagnosis and treatment.

Names of all parents/guardians with whom the participant is living during June 2–26, 2014:

Name of Parent/Guardian: Relationship to participant: Email:

Home Phone: Cell Phone:

Work Phone: Address: City: State and Zip:

Can you receive text messages? Yes [   ] No [   ]

Name of Parent/Guardian: Relationship to participant: Email:

Home Phone: Cell Phone:

Work Phone: Address: City: State and Zip:

Can you receive text messages? Yes [   ] No [   ]

EMERGENCY CONTACT

Name of a relative/family friend not residing with you: Relationship:

Address: Phone:

City: State: Zip:

SPECIAL DIETARY NEEDS

List Needs (Vegetarian/Kosher/Allergies etc.):

Address:

City: State: Zip:

MEDICAL CONDITIONS

Current Medical Conditions/Relevant Health Information:

Name of Medication: Dosage:

Name of Medication: Dosage:

MEDICAL INSURANCE INFORMATION

Insurance Company: Policy #:

PARENTAL CONSENT

I attest to the accuracy of the information above, and I willingly release it to the AVEA staff and medical personnel. In the event of accident or illness which requires medical treatment, I understand that an attempt will be made to contact me, but medical treatment will not be withheld to the detriment of my child.

In consideration of my child’s participation in the LSUS- and LaPREP-sponsored Animation and Visual Effects Academy, AVEA, I, on behalf of myself, heirs, or legal representatives, do hereby discharge and release and forever hold harmless LSUS, LaPREP, AVEA, InterTech, and their employees and any facility at which events are held, from any and all claims, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by me or my child during participation in the aforementioned activity except as resulting from gross negligence on the part of the organizations, their employees, or those responsible for facilities used.

Name of Parent/Guardian (please print): Signature of Parent/Guardian:

Name of Witness (please print): Date: