

SCHOOLS ONLY: After you have enrolled the student into your program, please forward this application to PD Center ATTN: Manami Tezuka

2024 HS Esports Program (7/8-8/9)



Please return application to your child's school as soon as possible, by **May 31**. For questions, please reach out to your school. Visit syracusecityschools.com/summer for program updates. Space is limited.

Student Information

Student Name (First & Last) _____

Date of Birth _____ Age _____

Current SCSD School _____

Please mark your child's current grade level 9 10 11

Contact/ Emergency Information

Parent/Guardian Name (First & Last) _____

Address (#, Street, Zip) _____

Phone (Main) _____ Phone (Second Option) _____

Email Address _____

In case of an emergency and parent/guardian is unavailable, I authorize the following people to provide care for my child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Bea Gonzalez Fellowship (optional)

Bea González Fellows Program (Student may choose this option alone or with one of the above opportunities)

****A violation of the SCSD Code of Conduct may result in your child not being eligible for the stipend.**

Students must complete at least **75% of the 5-week program** to receive the stipend. Hours are TBD based upon the school and program.

By checking this box, I acknowledge the Bea González program stipulations.

Signature

I certify that the information on this application is true and can be subject to verification. I understand that falsification is grounds for termination and may result in an action to recover any funds paid while participating in the program. Accordingly, I am authorizing this information may be shared with the City of Syracuse, Syracuse Urban Partnership, and Youth Program Organization looking to be a part of the Summer Fellows Program.

Student's Signature _____ Date _____

Parent/Guardian, if under 18 _____ Date _____