

# ACT PREP CAMP APPLICATION 2024

## William Carey University School of Education

### Current year (2023-2024) Sophomore or Junior high school students only

#### **Application deadline: Friday, April 26, 2024 at 4:00PM (See page 3 for details)**

1. Students must have attempted the national exam within the last two years and must attach a copy of their ACT scores when submitting this application. Students cannot have previously scored or have a superscore of 21 or above. Scores posted to their high school transcript is acceptable. Applications without scores attached will not be considered.
2. Please complete the entire application. It must be signed by a parent or guardian, by school counselor or principal, and by the student. Counselor or principal must include your current GPA on a 4 point scale.
3. Emailed, late, or incomplete applications are not considered.
4. Students are not eligible to attend ACT camp multiple times.
5. Applicants who are accepted will be notified by **parent email** no later than Wednesday, May 1, 2024 at 5:00pm. Applicants who are not accepted will not receive an email. **Parents should check email regularly from April 29 – May 1 and be prepared to register for the national ACT exam by May 3rd.** You will only have 24 hours to accept a seat if offered. Seats that are declined or forfeited due to non-response will be offered to students on the wait list. Those students may be charged a late registration fee by ACT to register after May 3, 2024.
6. The cost of this camp is \$100.00. **This will be paid once you have been offered a seat at camp. Do not submit this with your application.** If you feel that you need assistance paying, please contact Tina Bond to request a \$25 scholarship toward the fee.
7. This camp is not designed for students who need special accommodation for the ACT exam.
8. **Please print legibly below.**
9. The published camp schedule could be modified based on interest and enrollment.

Name: \_\_\_\_\_

**First Name**

**Middle Initial**

**Last Name**

Preferred Name for name tag: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_M \_\_F

Are you a member of a Teacher Academy? \_\_\_\_YES \_\_\_\_NO (If yes, \_\_\_\_year one \_\_\_\_ year two \_\_\_\_ Year three)

Student email address: \_\_\_\_\_

**Parent** Name (Print): \_\_\_\_\_

**Parent** email Address (print) (If parent does not have an email address, the parent must call Tina Bond at 601-318-6091)

\_\_\_\_\_

**Parent** Mobile Phone: \_\_\_\_\_ **Parent** Home Phone \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Signatures and Authorizations:**

##### **Counselor, Principal, or Home school parent acknowledgement:**

*This student has shown initiative as a student interested in attending college and has a good attendance record.*

*Their current GPA on a 4 point scale is \_\_\_\_\_ (required)*

\_\_\_\_\_*A copy of this student's high school transcript is attached to show previous ACT scores.*

*OR* \_\_\_\_*A copy of the student's ACT Score sheet is attached.*

**Counselor/Principal or Homeschool Parent Name: PRINT:** \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_ (required)

**CHECK ONE:** \_\_\_\_ **School Counselor** \_\_\_\_ **School Principal** \_\_\_\_ **Homeschool Parent**

**Parent acknowledgement and signature:**

By signing below, I approve of my child attending the WCU ACT Camp. I understand that the cost to attend camp is \$100.00, due upon acceptance of a seat offer for camp. I agree to help in any way necessary to ensure that they attend the entire camp.

I will monitor email closely during this entire application process and understand that deadlines are firm. If my student receives a seat offer, I will receive that email notice between April 29-May 1, 2024. I understand that I will have 24 hours to respond and accept that offer before it is withdrawn. Communications concerning other deadlines are sent via parent email as the process unfolds. (If you do not have an email address, call Tina Bond at the number provided on page 1 as soon as possible after submitting this application).

I authorize WCU and its assignees to use pictures taken at this camp for publicity purposes for this program. I understand that by applying for this camp, I am authorizing communications from WCU pertaining to programs offered.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Student acknowledgement and signature:**

I am currently enrolled at \_\_\_\_\_ High School as a 2023-2024 \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior. (Only sophomore and Junior are accepted)

\_\_\_\_\_ I have taken the national ACT exam within the last two years and a copy of my scores are being submitted with this application. (This is obtained easiest by attaching a copy of your high school transcript if you don't have an official score report from ACT to submit)

I understand that if accepted I must show proof of registration for the June 8, 2024 national exam by May 10, 2024 at 5:00pm or I forfeit my seat at this camp. **NOTE: To register, create an account at [www.act.org](http://www.act.org). The writing portion is not required in Mississippi) This information is subject to change by ACT and WCU recommends that you look at the dates online to verify. WCU does not take responsibility for changes made by ACT.**

Are you already registered for the ACT exam to be given on June 8, 2024? (no other date is acceptable)

\_\_\_\_\_ **YES** (please log back into your ACT account and verify that you have listed WCU as a score recipient. Attach registration confirmation **showing that scores are to be released to WCU**)

\_\_\_\_\_ **No** (You can wait until you receive a seat offer to do so, this does not affect your acceptance to camp)

I would like to be considered for this camp and I am committed to do what it takes to raise my ACT score for college acceptance purposes. If I find that I cannot attend the camp in its entirety, I will immediately relinquish my seat giving someone else an opportunity to utilize this camp.

I authorize WCU and its assignees to use pictures taken at this camp for publicity purposes for this program. I understand that by applying for this camp, I am authorizing communications by WCU pertaining to programs offered.

I understand that proper attitude, conduct, language, and attire is required daily at the WCU ACT Camp. I agree to adhere to those requirements as outlined on the WCU website at [www.wmcarey.edu/act-camp](http://www.wmcarey.edu/act-camp). If I decline to follow those requirements, I understand that a parent will be contacted, I will forfeit the remainder of camp, and my camp fee will not be refunded.

Please tell us how you knew about this camp:

\_\_\_\_\_ Counselor or Teacher \_\_\_\_\_ Teacher Academy \_\_\_\_\_ Friend \_\_\_\_\_ Newspaper, Radio or TV \_\_\_\_\_ Another person in my family attended in the past \_\_\_\_\_ Other (specify) \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: See page 3 for instructions on submitting your application. Only submit pages 1 and 2.

## **Submit your application:**

### **Hand delivery:**

Hand deliver by 4:00pm on April 26, 2024 to the following address:

Hattiesburg Campus  
710 William Carey Parkway  
School of Education  
Fairchild Hall, room 107B

**OR...**

### **US Postal Service:**

Postmark by April 24, 2024 for consideration. We do not take responsibility for postal delivery time. **Faxed and/or email applications will not be considered.**

William Carey University  
School of Education, Box 3  
Hattiesburg, MS 39401  
Attention: Tina Bond

For More Information, Contact:

Tina Bond  
601-318-6091  
tbond@wmcarey.edu

*Note: Email or fax copies of applications will not be accepted. This is not a first come first serve acceptance process. It is an application process. We reserve the right to decline any application based on the criteria listed on the website at [www.wmcarey.edu/act-camp](http://www.wmcarey.edu/act-camp).*