



 **ihmc 2016**

ROBOTICS CAMP

YOU WILL DESIGN, CONSTRUCT, AND PROGRAM ROBOTS!

The 2016 Robotics Summer Camp at IHMC offers participants the opportunity to work in teams and master robotic challenges through imagination, fun, and ingenuity. The camp encourages creativity and problem solving. The program is organized in partnership with the award-winning FL-ATE (Florida Advanced Technology Education Center). No need to have previous experience in programming robots – just an interest in learning how! Two camp sessions are offered and each includes specific grade levels.

SESSIONS

1 6th and 7th Graders - Introductory
July 18 - 21, 9:00am - 4:00pm

2 7th and 8th Graders - Introductory
July 25 - 29, 9:00am - 4:00pm

DETAILS

Each session costs \$150.00. Students must select one camp session based on grade level. Space is limited to 20 participants each session. Some scholarships are available based on need and for qualified candidates. Please mark the application below for consideration. **Completed applications MUST be received by May 20th. Notification of camp acceptance will be completed by May 30th and final registration forms and fees are due June 13th.**

REGISTER

Camp Session (1 or 2): _____ Age: _____ Circle T-Shirt Adult Size: S, M, L, XL

Youth Name: _____ Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Parent E-mail Address: _____

Grade Level in 2015 - 16: _____ School Attended in 2015 - 16: _____

Please have the Camp Applicant write an explanation as to why they want to attend this Camp in 50 words or less.

Teacher Recommendation Required: Name: _____ School: _____

Signature: _____

Check this box for scholarship assistance and complete the form on the reverse side for consideration.

Send or deliver the completed application to IHMC:
Mail: IHMC Robotics Camp, 15 SE Osceola Avenue, Ocala, FL 34471
Fax: (352) 351-3572 **Scan & E-mail:** aspang@ihmc.us



2016 SCHOLARSHIP APPLICATION SUMMER ROBOTICS CAMP

Instructions:

All information in this application form is confidential and will be used for this program only. Thank you.

Does your family receive any public assistance (circle any that apply):

TANF Food Stamps Free or Reduced School Lunch Other (please provide below)

Other Assistance (please print): _____

Parent Name: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Alt. Phone: _____

Mailing Address (if different than above): _____

E-mail: _____ Preferred Method of Contact: _____

Parent's Signature: _____ Date: _____

Parent's Name (printed): _____

Child's Name (printed): _____