



2021 TROY-STAR CHINESE SUMMER CAMP
for High School Students
Troy University, Alabama

特洛伊大学
学生汉语夏令营

Application

June 28-July 10, 2021



2021 TROY-STAR CHINESE SUMMER CAMP for Students

In response to the enthusiasm of United States citizens to learn another language, Troy University will run a Chinese language camp in the summer 2021, June 28th to July 10st, as a Residential Program. Students will learn communication skills through an interactive approach to language learning. They will also learn about Chinese culture in small classes of no more than 12 students each; only two classes will be offered.

Selection will be based on (1) prior academic performance, (2) recommendation from a teacher or counsellor and (3) written responses to the questions in the essay section of the application.

GENERAL INSTRUCTIONS—Prospective students applying for TROY-STAR CHINESE SUMMER CAMP must submit the following by **May 1st, 2021**, the application deadline date:

- 2021 TROY-STAR CHINESE SUMMER CAMP Application, signed by the student, parent/guardian, and school guidance counsellor (Please note: some items on the application have been pre-completed by the TROY-STAR CHINESE SUMMER CAMP Office)
- A \$50 (non-refundable if application is accepted) registration fee
- Teacher/Counsellor recommendation
- Proof of current academic performance, i.e., transcript
- A completed essay (400 words maximum), on *Why You Wanted to Learn Chinese*

SUBMIT ALL DOCUMENTS TO:

2021 TROY-STAR CHINESE SUMMER CAMP
026 John Robert Lewis Hall, Troy University, Troy, AL 36082
334-808-6544/6515

IMPORTANT DATES:

May 1, 2021	TROY-STAR CHINESE SUMMER CAMP application deadline
May 5, 2021	Notification of acceptance
May 15, 2021	Orientation for accepted students (time and location TBA)
June 27, 2021	Registration at the dorm
June 28, 2021	Classes begin
July 10, 2021	Graduation Ceremony, all participants leave for home in the afternoon

For further information or assistance please contact

The TROY-STAR CHINESE SUMMER CAMP Office:

Dr. Rui Feng or Ms. Chau Bui

Tel: 334-808-6544/6515

E-mail: cbui2@troy.edu



Application Form

1. NAME (Please print)		
Last Name	First Name	
2. CURRENT ADDRESS (Print)		
Street Number and Name		
City	State	Zip
3. PHONES		
Reachable Home Phone: ()	Cell Phone: ()	
4. BIRTH DATE: (mm/dd/yy)		
5. RACIAL/ETHNIC CATEGORY Colleges and universities are asked by many, including federal and state governments and national surveys to describe the racial/ethnic backgrounds of our students and employees. Please answer both questions. Definitions of these terms are available online: http://nces.ed.gov/ipeds/reic/definitions.asp		
<input type="radio"/> Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="radio"/> What is your race? Select one or more of the following categories: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
6. GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. EMAIL ADDRESS:		
8. ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. EMERGENCY CONTACT		
Last Name	First Name	
Relationship to you (i.e. parent, guidance)	Reachable Cell Phone	
10. STUDENT CONDUCT (PERC) Are you currently, or have you ever been, involved in a disciplinary process at another school or institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. DO YOU HAVE ALLERGIES? Are you currently, taking some medicine, prescription by Medical Doctor/s? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="radio"/> If Yes, please tell us: Medication name/s: <input type="radio"/> How often do you take the medicine?		
12. T-SHIRT SIZE <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large		

Student Signature

Parent/Guidance Signature



This recommendation form is to be completed by a teacher or a counsellor who can attest to your academic performance and/or personal attributes (Please type or print)

Student's Name: _____

Address: _____

Phone: _____

E-mail: _____

Teacher's/Counsellor's Name: _____

Subject Taught: _____

School: _____

School Address: _____

E-mail (optional): _____

Please complete the assessment chart below:

	No basis to judge	Below Average	Average	Above Average	One of the top few I have ever encountered
Intellectual curiosity					
Creativity					
Expression of ideas (oral & written)					
Academic achievement					
Leadership					
Participation in activities					
Adjustment to new situations					
Work consistent with ability					
Study habits					
Initiative/follow through					

RECOMMENDATION/EVALUATION (Please type or print.)

Please feel free to write whatever you think is important about the applicant, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual purpose, motivation, maturity, integrity, independence, originality, initiative, leadership potential, special talents and enthusiasm. We welcome any information that will assist us in distinguishing this student from others. (Use reverse side or attachment if necessary.)

Teacher Signature _____ Print _____ Date _____

Student Signature _____ Print _____ Date _____