



# Summer Linguistic Institute for Youth Scholars

## 2014 Summer Enrollment Application

### SCHOLAR INFORMATION

Scholar Name- Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Scholar's e-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Circle: cell/home

Gender: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

Grade in current 2013/2014 academic year- Circle: 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

School District & School Name: \_\_\_\_\_

High School G.P.A. (convert to 4 point scale) \_\_\_\_\_ Current foreign language grade: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION & PERMISSION REQUEST

Parent(s): Last: \_\_\_\_\_ First: \_\_\_\_\_

Address & home phone (if different from above):

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers:	Home	Business	Cell
Father	_____	_____	_____
Mother:	_____	_____	_____

Please describe all specific medical conditions, medications, allergies, or dietary/food restrictions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for photographs and video of my child to appear in SLIYS publicity material.

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

I understand that if my child is found to be in violation of behavioral rules, he or she will not be permitted to continue participating in the program, and I may be required to pick him or her up if this should happen

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

I give permission to the SLIYS staff to authorize medical personnel to render emergency treatment to my child if such personnel deem it necessary.

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

### Contact Information

slIys@ling.osu.edu · <http://www.ling.ohio-state.edu/sliys/> · Phone: 614-292-4052 · Fax: 614-292-8833

## SLIYS DATES and COST

### DATES

There will be two equivalent SLIYS sessions. Please indicate which sessions you are interested in. Place “1” by your first choice and “2” by your second choice. If you are unable to attend a session, please place an “X” by it.

Session 1: \_\_\_\_\_ July 6-11, 2014

Session 2: \_\_\_\_\_ July 13-18, 2014

Are there special considerations we should take into account when assigning you to a session?

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### PAYMENT INFORMATION

#### Check “residential” or “commuter” fee

Residential Fee (includes 5 nights in a dormitory, all meals, instruction and course materials) \$695.00 \_\_\_\_\_

Commuter Fee (includes instruction and course materials) \$395.00 \_\_\_\_\_

### T-SHIRT

You will receive a SLIYS T-Shirt. What adult size do you wear? S M L XL XXL XXXL (circle one)

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# LANGUAGE INFORMATION

*(This section of the application should be filled out by the prospective scholar. Feel free to attach an additional sheet of paper if necessary.)*

1. Which language(s), including your native language, do you speak fluently?

Which language(s) do you speak at home? \_\_\_\_\_

2. Which languages have you studied in school? For each one, what level of proficiency do you have in speaking, listening, and writing?

3. Do you have any international travel experience? If so, tell us about it.

4. What other experience do you have with foreign languages?

5. Share one fact you have learned about language in general or about a particular language that you find interesting.

6. Why are you interested in studying languages?

7. During SLIYS, you will be working on a project about a certain language with other students. In the past, students have worked on Spanish, French, Mandarin, and Turkish. The languages studied each year depend ultimately on the availability of native speakers, and you will make a final language selection on the first day of SLIYS. However, we would like to know now which languages you are interested in learning (more) about, and how much experience studying languages you already have. This information will help us as we recruit native speakers. In the space provided, please list languages you are interested in and/or have studied, in order of interest. If you have experience with a language, please list that as well, as shown in the examples.

1. Swahili 0 experience
2. German 3 years

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# TRAVEL PARTICIPATION AGREEMENT

## WAIVER AND RELEASE OF LIABILITY

STUDENT/PARTICIPANT: (Name  
and Address)

INSTITUTION

The Ohio State University on behalf of  
the Department of Linguistics

### DESCRIPTION OF TRIPS/ACTIVITIES (We will attend some, but not all of these activities):

RPAC (Recreation and Physical Activities Center). This is the sports and activity center on OSU's campus. We will walk to this location. Participants will be able to swim, play volleyball/tennis/badminton/water volleyball/ and other indoor activities.

Movie at Gateway Theater. This is a campus movie theater located on High Street near OSU's south campus. Students will be given the option of seeing a G- or PG- rated movie.

Karaoke and Bowling. These businesses are located approximately 3-5 miles north of OSU's campus. Students will be given car rides to and from this location only by SLIYS staff members.

Shakespeare in Schiller Park. We will take a Columbus City Bus (COTA) or will provide rides to and from OSU's campus.

*Activity fees are not included in SLIYS tuition. However, the cost for all activities is not expected to exceed \$50.00.*

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I am the Parent/Guardian of the above-named Participant who is under eighteen years of age and am fully competent to sign this Agreement.

I give permission for Participant to participate in the above-referenced Trips. I acknowledge that the nature of the Trips, which includes travel within Columbus, Ohio, may expose Participant to hazards or risks that may result in property damage or loss and illness or personal injury, and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Trips, I hereby release The Ohio State University and its Board of Trustees, officers, employees, agents, students, programs and entities (collectively, "Ohio State") from any and all liability for losses, damages, injuries, or costs of any kind, which arise out of or result from the negligence or carelessness on the part of OSU and that occur during or are connected in any manner with my participation in the Trips, including transportation to and from the Activities. I understand that this Agreement and Release means that, among other things, I am giving up my right to sue Ohio State for any such losses, damages, injuries, or costs that I may incur.

I understand that Ohio State does not have medical personnel available at the location of the Activities or in transportation to and from the Activities. I understand and agree that Ohio State is granted permission to authorize emergency medical treatment for the participant, if necessary, and that such action by Ohio State

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shall be subject to the terms of this Agreement. I understand and agree that OSU assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized medical treatment.

**I HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTAND THAT PARTICIPATION IN THE TRIPS/ACTIVITIES IS VOLUNTARY, AND UNDERSTAND AND ACKNOWLEDGE THAT THE AGREEMENT IS A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED TRIPS.**

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

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

### **Emergency Information**

**In case of emergency, notify:**

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

Relationship: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

***Please submit your application to the OSU Department of Linguistics no later than May 31<sup>st</sup>, 2014.***  
SLIYS · attn. Dr. Julie McGory · Department of Linguistics · 222 Oxley Hall · 1712 Neil Avenue · Columbus OH  
43210-1298

*For information on scholarships, please contact Dr. Julia McGory at [sliys@ling.osu.edu](mailto:sliys@ling.osu.edu) or 292-4052*

#### Contact Information

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