

SOUTHEASTERN COMMUNITY COLLEGE
Educational Talent Search Program
PACE: Providing Avenues for College Education Application
June 17, 2025
10:00 am – 4:00 pm

School: _____

Student's Name: _____ **Shirt Size:** _____ **Age:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Home Phone Number:** _____ **Cell:** _____

E-mail: _____ **Male** ____ **Female** ____

Parent cell: _____

Parent email: _____

To be selected to attend PACE, a copy of the student's academic transcript and an Educational Talent Search application (if the student is not currently enrolled in ETS) needs to be included with the application.

EMERGENCY MEDICAL INFORMATION

In the event that (child's name) _____ should require emergency medical treatment and reasonable attempts to contact me have been unsuccessful, I give my consent for admission of emergency medical treatment deemed necessary by the licensed physicians or dentists at a nearby hospital, emergency facility or hospital of preference. I assume financial responsibility for any injuries that may occur while he/she is enrolled in the Financial Literacy Camp.

Insurance Information: _____

Physician: _____ **Dentist:** _____

Hospital: _____ **Signature of Parent/Guardian:** _____

Please list below any allergies (food, medication or other) or medical conditions (such as ADD, medications taken) we should be aware of:

Parental Release Waiver

I understand and agree that Southeastern Community College may use photographs and audio of participants of this Camp for use on the Southeastern Community College website, in college publications, press releases, and showings on the college television channel. **The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission for the use of such images as part of this Camp for promotional and historical purposes.**

As the parent/guardian of the above child, I agree to the above conditions.

Parent/Guardian Signature

Date

Student Signature

Date