

# Stony Brook Summer Business Program

Application

\* Required

1. **Last Name \***

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2. **First Name \***

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3. **School \***

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4. **Street Address \***

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5. **City, State, Zip \***

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6. **Gender \***

*Mark only one oval.*

☐

Male

☐

Female

7. **Age \***

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8. **Grade in September 2018 \***

*Mark only one oval.*

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11th

☐

12th

9. **Student e-mail address \***

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10. **Parent e-mail address \***

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11. **Phone number \***

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12. **Tee-shirt size \***  
*Mark only one oval.*

- ☐ Adult XS
- ☐ Adult S
- ☐ Adult M
- ☐ Adult L
- ☐ Adult XL
- ☐ Adult XXL

13. **Please upload a copy of your most recent report card. \***  
Files submitted:

**Request that a letter of recommendation from a teacher be submitted to the following address no later than May 1.**

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Stony Brook Summer Business Program  
Institute for STEM Education  
092 Life Sciences Building  
Stony Brook University  
Stony Brook, NY 11794-5233

14. **Why does the Stony Brook Summer Business Program Camp interest you? \***

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15. If you were asked to come up with a new product, what would it be and why? \*

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16. **There are a limited number of full and/or partial scholarships are available to applicants who are eligible for the Federal free or reduced lunch program. Please submit a letter, on letterhead, from an official at the school district or the letter you received stating that you are eligible for the free or reduced lunch program in order to be considered for a scholarship. This letter must be included with your application.**

Files submitted: