



NOTRE DAME VISION

Summer Conferences
for High School Students

For Office Use Only:

Paid: _____ Due: _____

2014 High School Program Individual Application

Preferred Session Please rank possibilities in order of preference from first to last (#1-4). Selecting a session indicates you will attend the entire session which runs from 5pm Monday through 12:30pm Friday. No exceptions. If your first option is not available, we will contact you to ask for your permission before enrolling you in another session.

_____ (i) June 16-20 _____ (ii) June 23-27 _____ (iii) July 7-11 _____ (iv) July 14-18

Youth Personal Information

Last Name: _____

First Name (for name tag): _____

Home Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Home Telephone #: _____

Youth Cell # (for use in summer): _____

Youth Email Address: _____

Birth Date (mm/dd/yyyy): _____

What year will you graduate High School?:

2018 2017 2016 2015 2014

Sex:

Female Male

T-Shirt Size:

Small Medium Large

X-Large XXL 3XL

Religious Affiliation (Optional): _____

Have you attended Notre Dame Vision in the past?

Yes No

If yes, in which previous year(s) did you attend Notre Dame Vision?

2013 2012 2011 2010

Parent/Guardian Information

Name(s) of Parent/Guardian: _____

Daytime Phone #: _____

Evening Phone #: _____

Parent Email Address: _____

Emergency Information

Non-Parent Emergency Contact: _____

Non-Parent Emergency Phone #: _____

Relationship to Participant: _____

Parish and High School Information ("N/A" if not available)

Parish Name: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Youth Minister/Contact Person: _____

Arch/Diocese: _____

High School Name: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Campus Min./Contact Person: _____

Type of High School (select one):

Catholic Public Private (Non-Catholic)

Military Home School Public/Catholic (Canada)

Other _____

Payment Information

Deposit (to be included with this application; non-refundable and non-transferable):.... \$100/person

Registration fee for applications postmarked **on or before March 29, 2014**\$350/person *not including deposit (\$450 total)*

Registration fee for applications postmarked **on or after March 30, 2014**\$375/person *not including deposit (\$475 total)*

Final payment is due no later than May 21, 2014

Housing

Notre Dame Vision strives to honor participant roommate requests. Roommate requests may only be made at the time of submitting this application – changes are not permitted. If there are any discrepancies in roommate requests – e.g., conflicting or non-matching requests – the requests will be disregarded. Each participant may only request one roommate. Applicants are not required to request roommates (i.e., you can skip this portion of the application). If you would like to request a particular roommate, please do so here:

ROOM REQUESTS ARE NOT GUARANTEED.

Last Name: _____ First Name: _____

Notre Dame Vision Scholarship Fund

We invite you to assist us in enabling other high school students to join us this summer through a monetary donation to our Notre Dame Vision Scholarship Fund. We hope to build this fund for the sake of those who are in financial need and who would benefit from assistance in covering the cost of travel and registration expenses. Whatever amount you feel called to contribute will be graciously accepted. Perhaps you would consider sponsoring in full one or more future participants (\$475 each), or sponsoring partially with a donation of \$50, \$100, or \$250.

If you would like to contribute to the Notre Dame Vision Scholarship Fund, please do so by indicating the amount of your donation below. You may include your contribution with your deposit and/or registration payment.

Yes, I would like to make a contribution to the Notre Dame Vision Scholarship Fund in the amount of \$ _____

I am applying to attend one week of the Notre Dame Vision Program in its entirety, from the opening session at 5pm Monday through the closing liturgy, which concludes on Friday at 12:30pm.

Signature of Applicant

Date

Please visit the Notre Dame Vision website at <http://vision.nd.edu> for the full list of policies relating to applications, registration, cancellations, and program participation.

Please send completed applications and \$100 deposit to:

**Notre Dame Vision
334 Geddes Hall
Notre Dame, IN 46556**

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