

Wildlife and Disease Biology June 8-12, 2026

1. Print or type all sections **clearly** in black/blue ink. Any incomplete and/or illegible applications will not be processed.
2. Be sure that **you** and your **parent/guardian** have signed the application.
Please contact the Honors office for additional information. Room, board, and instructional supplies are included.
3. Include a brief statement expressing why you are interested in participating. Please limit yourself to 500 words or less.
4. If you have any questions or comments, please contact honors administrative assistant, Tabetha Stolzenbach (stolzenbach_t@pennwest.edu) or 814-393-2537.
5. Submit all application materials and **high school transcript** by email (stolzenbach_t@pennwest.edu) or mail to:

Honors Program
PennWest Clarion
840 Wood Street
Clarion, PA 16214-1232

Application deadline: May 1, 2026
Academy limited to the first 16 qualified applicants!

1. Student Information

Sex: Male Female Shirt Size: Small Medium Large X-Large (Check One)

Name

First	Last	Middle Initial
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Preferred Name for Nametag _____ Preferred Pronouns _____

Permanent Address _____

Street/P.O. Box	City	State	Zip
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Phone () _____ E-mail _____

Date of Birth - - Age _____

2. Parent/Guardian Information

Parent/Guardian _____ Relationship to Student _____

Address (if different from above)

Street/P.O. Box _____ City _____ State _____ Zip _____

Daytime phone () _____ Evening phone () _____

E-mail _____

Additional Emergency contact: Name _____ Phone () _____

Relationship to Student _____

3. Scholastic Information

Current Grade: Freshman Sophomore Junior Graduation Year _____

Current Grade-Point Average: SAT Score: PSAT Score: ACT Score:

High School _____ School Phone _____

School Address _____

Street/P.O. Box

City

State

Zip

From whom did you receive our information?

Name _____ Title _____

Address _____

4. Extracurricular Information: Please check the activities in which you have participated.

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Mathematics Club | <input type="checkbox"/> National Honors Society | |
| <input type="checkbox"/> Chorus/Band | <input type="checkbox"/> Journalism | <input type="checkbox"/> Volunteer Activities | |
| <input type="checkbox"/> Academic Sports | <input type="checkbox"/> Theater | <input type="checkbox"/> Computer Club | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Academic Bowl | <input type="checkbox"/> Science Club | <input type="checkbox"/> Employment | <input type="checkbox"/> Other _____ |

5. Health Information: Upon enrollment in the program, a more comprehensive medical release form will be required.

Does the Summer Academy participant have any medical condition or disability that might limit activities or require attention, treatment, or medication? Check: Yes No

If yes, please explain: _____

All participants must submit verification of medical insurance coverage before enrollment.

6. Student and Parent/Guardian Agreement

The undersigned parent/guardian and student have read the PennWest Clarion Summer Academy brochure and Parent hereby gives permission for Student to participate in the Summer Academy Programs indicated on the reverse side of this application. In consideration of being accepted as a participant in the Summer Academy, I release, hold harmless and indemnify PennWest Clarion, its faculty, administration, directors, agents, employees, partners, sponsors, and affiliates from and for any claim, injury or other liability of any kind which is caused directly or indirectly by the Student, or which results from or during the Student's participation in the Summer Academy. I understand that the student may be included in photographs and videos that may be taken during the Summer Academy, including any testimonials and hereby consent thereto and the use thereof by PennWest Clarion for all lawful purposes, without compensation.

A comprehensive Code of Conduct that details guidelines for behavior and prohibits possession of such substances as drugs, alcohol, and tobacco will be included in the students Welcome Package. I understand this form must be signed in order to participate in the Summer Academy. I further understand that failure to abide by this code of conduct may result in a student's immediate dismissal, return home at own expense, and forfeiture of deposit paid.

I understand applications from qualified students are processed in the order received and enrollment is limited. I understand this is an application for participation in the Summer Academy and enrollment is contingent upon approval of the Project Directors, in their discretion.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date