

The University of Maine at Machias
116 O'Brien Avenue Machias, ME 04654
<http://www.umm.maine.edu>

Early College Program Application

Date _____ Term: Summer—Acadia Institute Course: ENV 103 Oceanography

Name _____ Male Female
last first middle initial (circle one)

Permanent Home Address _____

City _____ State/Country _____ Postal code _____

Phone _____ Email _____

Date of Birth _____ Social Security Number _____

Name of Parent or Guardian _____

Present High School _____ Expected
Graduation Date _____

If you need accommodations for any classes, please contact Executive Director, Sheryl Gilmore at AIO to make arrangements before the term begins.

The **UMM Early College Scholarship** for **LIVE classes** covers 50% of tuition for this 4-credit course. Schools or parents are responsible for the remaining half of the tuition. In 2019, this is \$531.80 and is due on May 1.

Student's Signature _____

I hereby agree to the release of my/the applicant's high school transcript to UMM if needed to document eligibility for Early College Program financial assistance. I understand that I am responsible for any course costs not covered by school, grant, or other agency funding.

Parent/Guardian's Signature _____

Students should complete this application each semester they participate in the Early College Program; first-time applicants should also complete the Release of Information form.

Release of Information Form

The following release form will allow the University of Maine at Machias to provide grades and other information to the school, agency, or grant paying for your courses (if any), to your high school guidance counselor, and, if you wish, to your parents/guardians. Please give the full names of those individuals to whom we may release information (for example, Jane Doe or Mr. John Doe) and then have another individual witness your signing of the form. Return the signed, witnessed release form along with your application to UMM's Early College Program.

UMM RELEASE OF INFORMATION

Name of Student _____ Date of Birth _____
(please print)

Social Security # _____ Phone # _____

Address _____

I hereby authorize UMaine Machias to release academic and non-academic information to my high school; to the agency or grant —if any—funding my course(s), for billing and research purposes; and to the following individuals that I have named.

Name of Contact at Acadia Institute of Oceanography: _____ **Sheryl C. Gilmore**

Name of Parent/Guardian _____

Other _____

Student's Signature _____ Date _____

Witness's Signature _____ Date _____

This release will remain in effect until the student notifies us in writing that information should no longer be disclosed to the parties cited above.

Return this form by May 1 to: Acadia Institute of Oceanography, Attn: Sheryl Gilmore, P.O. Box 8308, Ann Arbor, MI 48107.