

 **ihmc 2018**

# ROBOTICS CAMP

## DESIGN, CONSTRUCT, AND PROGRAM ROBOTS!

The 2018 Robotics Summer Camp at IHMC offers participants the opportunity to work in teams and master fun and exciting challenges while programming Lego robots. The camp encourages creativity and problem solving. No previous experience in programming is required.

**DATE: JULY 30 – AUGUST 2, 2018**

Rising 7th, 8th, and 9th Graders - Introductory Level  
Daily from 9:00am–3:00pm

### DETAILS

The camp fee is \$170.00. Space is limited to 20 participants. Some financial assistance is available based on need, for qualified candidates. Please fill out the information requested below for consideration. **Completed applications and fees must be received by May 31st.**

### REGISTER

Camp Session: **July 30 - Aug 2** Age: \_\_\_\_\_ Circle T-Shirt Adult Size: S, M, L, XL

Youth Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Parent E-mail Address: \_\_\_\_\_

Grade Level in 2017–18: \_\_\_\_\_ School Attended in 2017–18: \_\_\_\_\_

**Introductory applicants, please explain (in the students own words) why she/he would like to attend camp. Intermediate applicants, please describe your prior experience with Lego robotics.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check this box to include lunch for an additional fee of \$30.00 (a sandwich, chips, and a beverage on each day).**

**Check this box for financial assistance and complete the form on the reverse side for consideration.**

Send or deliver the completed application to IHMC:  
**Mail:** IHMC Robotics Camp, 14 SE Osceola Avenue, Ocala FL 34471  
**Scan & E-mail:** [jrivera@ihmc.us](mailto:jrivera@ihmc.us)



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# 2018 FINANCIAL ASSISTANCE APPLICATION IHMC SUMMER ROBOTICS CAMP

All information in this application form is confidential and will be used for this program only. Thank you.

Does your family receive any public assistance (circle any that apply):

TANF      Food Stamps      Free or Reduced School Lunch      Other (please provide below)

Other Assistance (please print): \_\_\_\_\_

**To be considered, please include documentation of assistance.**

Mailing Address (if different than on previous page): \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

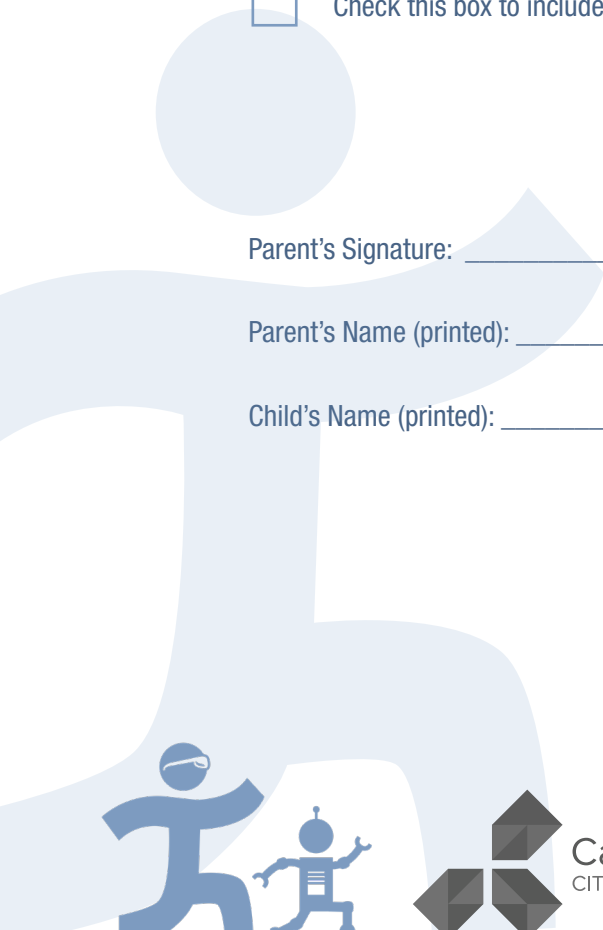
Phone: \_\_\_\_\_

Check this box to include lunch at no charge (a sandwich, chips, and a beverage on each day).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (printed): \_\_\_\_\_

Child's Name (printed): \_\_\_\_\_



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