



# ihmc 2019 ROBOTICS CAMP

## DESIGN, CONSTRUCT, AND PROGRAM ROBOTS!

The 2019 Robotics Summer Camp at IHMC offers participants the opportunity to work in teams and master fun and engaging challenges while programming Lego robots. The camp encourages creativity and problem solving. No previous experience in programming is required for the introductory level or for 9th graders. Two camp sessions are offered.

### SESSIONS

**1** Session 1  
Rising 7th and 8th Graders  
July 8-11, 9:00am - 3:00pm

**2** Session 2  
Rising 8th Graders with prior experience  
Rising 9th Graders  
July 15-19, 9:00am - 3:30pm

### DETAILS

Each session costs \$170.00. Students may select only one camp session. Space is limited to 20 participants per session. Some financial assistance is available based on need, for qualified candidates. Please fill out the application below for consideration. Acceptance is on a first-come, first-served basis. **Completed applications and fees MUST be received by May 24th.**

### REGISTER

Camp Session (1 or 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 2018 - 19: \_\_\_\_\_ School Attended in 2018 - 19: \_\_\_\_\_

**Please explain (in the students own words) why he/she would like to attend camp.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

**Applications:** [www.ihmc.us/life/robotics-camp](http://www.ihmc.us/life/robotics-camp)

**Mail:** IHMC Robotics Camp, 14 SE Osceola Avenue, Ocala FL 34471

**Scan & E-mail:** [bheller@ihmc.us](mailto:bheller@ihmc.us)



# 2019 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): \_\_\_\_\_

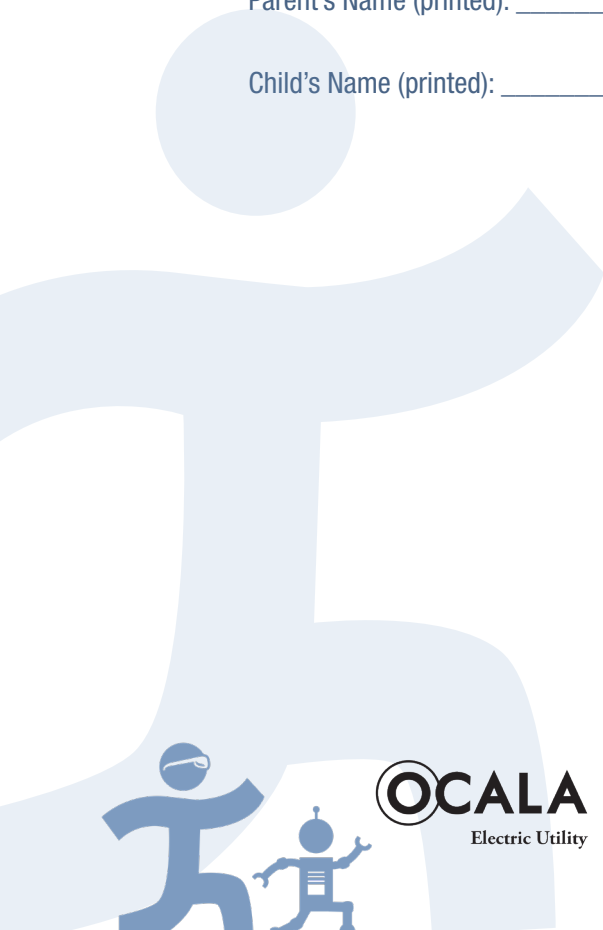
**To be considered, please include documentation of assistance.**

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): \_\_\_\_\_



*It's On!*

LOCKHEED MARTIN



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