Office of Cultural & Academic Transitions Maximizing Academic Growth in College MAGIC Application Form

| Cultural & Academic Transitions ng Academic Growth in College oplication Form | ocat.msu.edu |
|---|---------------------|
| *You must have completed AOP in order to pa | rticipate in MAGIC. |
| *June 30, 2017* | |
| | |

| I want to attend MAGIC during the week of: | | | | | | |
|--|---------------------------------|---------|-----------|-----------|-----------|--|
| □ July 9 - 14, 2017 | | | | | | |
| □ July 16 - 21, 2017 | | | | | | |
| Please check ONE | | | | | | |
| Racial/ Ethnic | African American | | | Gender: | Female | |
| Identification: | Asian Pacific American | | | | Male | |
| Please check all | Chicano/Latino | | | | | |
| that apply | American Indian | | | | | |
| | Caucasian | | | | | |
| | \Box Other, please specify: _ | | | | | |
| NAME: | | | | | | |
| LAST | | FIRST | I | MIDDLE IN | IITIAL | |
| Address: | | | | | | |
| City: | | | State: | | Zip Code: | |
| Cell number: (|) | | _ MSU PID |)#: | | |
| Name of Parent/Gua | rdian(s): | | | | | |
| AOP Date: | | | | | | |
| E-Mail | | | | | | |
| T-Shirt Size 🛛 S | Small 🗆 Medium | □ Large | □ XLarge | □XXLa | rge | |
| Are you a Spartan Su | uccess Scholar? | □ Yes | 🗆 No | | | |

If you have questions about this application form or about the program, please contact Murray Edwards or Juan Flores in the Office of Cultural & Academic Transitions: (517) 353-7745.

Accommodations for persons with disabilities are available upon request.

| Please return this form, Health Insurance Form & \$50.00 (no cash) participation fee (non- | | | | |
|--|--|--|--|--|
| refundable) to: | | | | |
| Office of Cultural and Academic Transitions | | | | |
| MAGIC Program | | | | |
| Michigan State University | | | | |
| 556 E. Circle Drive Rm #339 | | | | |
| East Lansing, MI 48824-1113 | | | | |
| | | | | |

You <u>MUST</u> be available to participate the entire week of **MAGIC without interruption - NO EXCEPTIONS!!! **

Office of Cultural & Academic Transitions

MAGIC Health Insurance Form



AUTHORIZATION FOR PURPOSES OF PROVIDING MEDICAL TREATMENT

| Participant Name: | | | | | | |
|---|---|---------------|--------------------------------------|--|--|--|
| LAST Birth date: | FIRST | | MIDDLE INITIAL | | | |
| Street Address: | | | | | | |
| | p Code: | | Phone number: () | | | |
| Gender: Male Female Name of Personal Physician: | | | Phone #: () | | | |
| HEALTH INFORMATION | | | | | | |
| Are there any chronic problems or illness? | Yes | No | If Yes, please explain | | | |
| Have you been recently treated for illness or injury? | ? | | | | | |
| Do you have any allergies to any medications? | | | | | | |
| Do you have any allergies to any foods? | | | | | | |
| List any medications you are presently taking: | | | | | | |
| **Please make sure the student bring | s a CO | PPY of | insurance card with them to MAGIC ** | | | |
| INSURANCE INFORMATION | | | | | | |
| Policyholder's Name & Relationship to Participant: | | | | | | |
| Policy Number(s): | | | | | | |
| Policyholder's Address: | | | | | | |
| Name & Address of Insurance Company: | | | | | | |
| I, | | | , residing at | | | |
| (Name of Parent or Legal Guardian) | | | | | | |
| (Your Full Address) | do hereby authorize (Your Full Address) | | | | | |
| the staff of the Office of Cultural & Academic Transitions at Michigan State University to seek any medical treatment for the | | | | | | |
| | treatment for the (Participant's Name) | | | | | |
| The above designated person is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility. | | | | | | |
| Signature: | | Date | : | | | |
| Relationship to Participant | | _Emerge | ency Contact # | | | |
| | | | | | | |