



**Summer ICE@Tech
Computing Camps
Session I: June 21st - June 25th
Session II: June 28th – July 2nd**

- **Program Handbook**
- **Application**
- **Forms**

**Institute for Computing Education
College of Computing
Georgia Institute of Technology
Atlanta, Georgia 30332-0282
Telephone (404) 894-3181
Fax (404) 385-0965
<http://www.cc.gatech.edu/ice>**



Summer ICE@Tech Program Handbook

Summer ICE@Tech is a computing and technology program for students entering 10th, 11th, and 12th grades. The Georgia Tech College of Computing *Institute for Computing Education* (ICE) sponsors these sessions. The mission of ICE at the pre-college level is to advocate and participate in partnerships that foster systemic change; ensure academic success for all; and improve student appreciation, achievement and performance in science, mathematics and computing.

The specific purpose of **Summer ICE@Tech** is to

- 1) provide students not necessarily adept at computing with hands-on computing experience; and
- 2) to engage them in the exciting ways computing is used as a problem solving tool in a variety of career fields, including art, biology, psychology, sociology, sociobiology, environmental studies, and medicine.

Summer ICE@Tech is a hands-on, experience-based week of exposure to the computing future and how it makes a difference in our lives. Creative thinking and problem solving will be a major focus.

This handbook is designed to provide program information about the 2004 **Summer ICE@Tech**. If you have additional questions, please contact Maureen Biggers at (404) 894-3181 or ice@cc.gatech.edu.

2004 Program Dates

Accepted applicants will be placed into sessions (30 students per session) on a first-come, first-serve basis. **Please apply early.** Sessions fill-up very quickly. Applications will be accepted from March 23rd until all sessions are full. Once sessions are full, a waiting list for each session will be established. Please check the session you wish to attend.

___ *Session I: June 21- June 25, 2003*

___ *Session II: June 28 - July 2, 2003*

Instructional Hours: 9:00AM to 3:00 PM
Morning Drop Off: 8:15 AM to 8:55AM
Afternoon Pick Up: 3:15 PM to 5:15 PM

Program Fees

The total **Summer ICE@Tech** fee for the 5 day camp is \$50 (includes \$25 non-refundable application fee). This includes daily lunches, materials and supplies, lab tours, and field trips.

Application Information

All applications to the 2004 **Summer ICE@Tech** program must include a **\$25.00 non-refundable application fee** and the following supporting documents:

- Application Form
- Parent or Guardian Information Form
- Student Essay
- Teacher Recommendation Form - This can be sent directly to us by a science, mathematics or technology teacher.
- A copy of the first semester report card.
- Financial Assistance Application Form and supporting documents (if applicable).
- Standardized test scores

Acceptance letters will be mailed after applications are reviewed (approximately one week after the receipt of completed applications). All remaining fees and forms (the Release and Waiver of Liability Form, the Health Form and Authorization to Pick Up Student Form) are due three weeks after the **date on the acceptance letter**. All forms must be completed and all fees paid in order for students to attend **Summer ICE@Tech** (no later than June 11th for Session I and June 18th for Session 2). Requests for scholarship assistance are based on need and the availability of scholarship support.

Make checks or money orders payable to “Georgia Tech” and mail with the completed application and all supporting documents to: **Summer ICE@Tech**, College of Computing, Georgia Institute of Technology, Atlanta, GA 30332-0282. **NEW – Summer Summer ICE@Tech fees may now be charged using VISA, MasterCard, American Express or Discover. Please review the Summer ICE@Tech Credit Card form (attached) for additional information.**

Space is limited. Please be sure to include all required information so that we may process your application promptly.

Student Essay Topic

Please complete one of the following and send it in with your completed application:

Students will be asked to go one day without the use of a computer of any kind and write an essay about how our society would be different if there were no computers. OR.....Imagine waking up in a world with absolutely no computers and write an essay describing how our society would be different without them.

OR

Draw diagrams of what your community would look like and explain the changed features of your life and those around you.

Academic Curriculum

Summer ICE@Tech students will take participate in a variety of hands-on computing activities, guest lectures and field trips to research labs on- campus and technology sites off-campus.

Staff:

- Dr. George Riley, **Summer ICE@Tech** Camp Director has a joint appointment in the Computing and Computer Engineering
- Kris Nagel is a PhD student in the College of Computing
- Maureen Biggers, Administrative Coordinator for Camp ICE
- GT student counselors – ratio 1:8

DAILY SCHEDULE

8:15 AM – 8:55 AM Drop-off

9:00 AM - 11:30 AM Morning Session 1

10:30 AM - 10:45 AM Break

11:30 AM - 12:30 PM Lunch

12:30 PM - 3:00 PM Afternoon Session

3:15 PM - 5:15 PM Pickup and extracurricular lab time

Students will be divided into groups of thirty for academic instruction. The student/teacher ratio will be 30:1; the student/student assistant ratio will be 8:1. Students will be **supervised at all times** by college students who have been trained for mentoring and supervision.

Lunch and Snacks

Students will eat lunch in the Georgia Tech Student Center. A variety of campus eateries are located in the Student Center including Chick Fil-A, Burger King, and Pizza Hut. Students will also be given a morning snack break from 10:30 - 10:45 daily and may bring a snack if they choose. There is no refrigeration available

HEALTH INSURANCE AND MEDICAL PROCEDURES

First aid kits for minor injuries will be available. Students requiring medical assistance for any injury other than a minor cut will be transported by ambulance to the nearest appropriate treatment hospital as determined by ambulance personnel. **All students attending Summer**

ICE@Tech must have health insurance. Health information forms are included in the forms packet and should be returned prior to the start of the camp.

Students taking medication during the day will need to bring a doctor's note or a copy of the prescription and leave their medication with the **Summer ICE@Tech** staff when he or she arrives each morning. The staff will then dispense the medication to the student as appropriate. Students will **not** be allowed to keep medication of any kind with them during the program.

VALUABLES

Students should not bring **any** valuables (including electronic equipment, video games, or toys/sports equipment) to camp with them. We cannot guarantee the security of valuables, and we would not want to see anyone's **Summer ICE@Tech** experience ruined by the loss of some special item(s). For similar reasons students should not bring money to camp with them. Normally students will not need to purchase anything. When they are going to have the opportunity to buy snacks or souvenirs, students will be asked to bring money in sealed, labeled envelopes which camp staff members will collect and redistribute at appropriate times.

Student Expectations

Summer ICE@Tech has high expectations for each student. These expectations are designed to promote the well being of each student and to insure that each child is able to reach his/her fullest potential.

Each student will be expected to do the following:

1. Respect the property and feelings of fellow **Summer ICE@Tech** students, teachers and student assistants as well as all others not directly associated with **Summer ICE@Tech** (bus drivers, dining hall staff, etc.).
 2. Always act in a manner that will promote a classmate's opportunity to learn.
 3. Have a positive attitude about learning and involvement with **Summer ICE@Tech**.
 4. Politely communicate any concerns directly to **Summer ICE@Tech** teachers or student assistants.
- *No "horseplay" of any kind will be tolerated. Students are representatives of Georgia Tech during their involvement with the **Summer ICE@Tech** program.*
 - *No weapons of any kind are permitted on the Georgia Tech campus. This includes guns, knives, switchblades, pocketknives, and any other instruments that could be used as weapons. Any student who brings a weapon to **Summer ICE@Tech** will be dismissed from the program immediately. Because the duration of **Summer ICE@Tech** is so short (one week), students not able to meet these expectations will be asked to leave the program.*

DROP OFF/PICK-UP PROCEDURES

- Day 1: All parents are asked to bring students to the **Summer ICE@Tech** on-campus location (TBD) between 8:15 AM and 8:55 AM and sign-in with a Summer **Summer ICE@Tech** staff member. This will give the **Summer ICE@Tech** staff an opportunity to meet parents and provide them with a daily detailed schedule of the program.
- Days 2-5: Students can begin arriving at the **Summer ICE@Tech** on-campus location beginning at 8:15 AM. A **Summer ICE@Tech** student assistant will meet students. **For safety reasons, please do not drop your student off early. No arrangements can be made to provide supervision until 8:15 AM.**
- Daily Parents may pick-up students beginning at 3:15 PM. All students **must** be picked up by 5:30 PM. Students not picked up by 5:30 PM will not be allowed to return to the program. Parents (or other authorized adults) must sign students out on a daily basis. Only people authorized to pick up students are allowed to do so. Anyone not listed on the Parent Authorization form attempting to pick up a student is reported to the Georgia Tech Police Department. Students sixteen and older may drive themselves with prior written notice from parents or other authorized adults.
- Friday,
Afternoon
- We will have a special Open House for parents and other guests, 3:15 – 4:15. The Summer Ice@Tech students will share their project work for the week. Our guests will get a mini-glimpse into a day of Ice@Tech and some of our field trips.

Summer ICE@Tech Application and Forms

Summer ICE@Tech Application Form

Student Information (please type or print)

Last Name _____ First Name _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Home e-mail _____

School Information

Current School _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ School System _____

Type of School: Public Private Parochial Home School

What size adult T-Shirt do you wear? Small Medium Large X-Large

Grade Level – Fall
2003

- 10
- 11
- 12

Have you attended SummerScape
at Georgia Tech in the past?

- Yes when _____
- No

Gender

- Female
- Male

Teacher Recommendation Form

Student's Name _____

School _____

Current Grade 9th 10th 11th

The above-named student is applying for Georgia Tech's **2004 Summer ICE@Tech** program. This program of computing enrichment courses is open to students currently enrolled in the 9th, 10th, or 11th grade who display an interest in problem solving, mathematics, science or technology. **This program is NOT exclusively for the gifted and talented. In fact, we wish to encourage students of average ability who might benefit from the recognition and enrichment this program offers. This experience is open to ALL, but female and minority students are encouraged to apply.** Your comments count heavily in our selection process, so please take time to write fully and candidly about this student. Recommendations should be completed by a science, mathematics or technology teacher and **mailed directly to:**

Summer ICE@Tech
 College of Computing
 Georgia Institute of Technology
 Atlanta GA 30332-0282

After checking the appropriate boxes in the grid provided, please use the back of this form to give more detailed information about why you believe this student is a good **Summer ICE@Tech** candidate. If you have checked any box "below average", please explain. Thank you for your help in evaluating this student.

	Excellent	Good	Average	Below Average
Works well with others				
Respects authority				
Adapts easily to new surroundings				
Has positive attitude towards school				
Mathematics achievement				
Science achievement				
Handles conflicts appropriately				
Accepts responsibility for behavior				
Follows written and oral directions				
Seeks new challenges				

Please write any comments on back of this form.

Subject _____

Teacher's Name _____

Signature _____

Date _____

Financial Assistance Application Form
2004

Student Information (please type or print)

Last Name _____ First Name _____

Financial Assistance

Limited financial assistance is available for students who meet ICE Breaking's financial need requirements and who otherwise could not attend. All financial information will be kept strictly confidential and applying for aid will in no way affect the evaluation of your child's application.

Eligibility

To be **eligible** for financial assistance one of the following guidelines must be met:

- A. Student is on the free or reduced lunch program at school, please provide copy of lunch card.
- B. Student lives in a two-person family with an income of less than \$25,000 per year, please provide a copy of tax form or W2 form.
- C. Student lives in a three or more person family with an income of \$30,000 or less per year.
- D. **Please contact the Summer ICE@Tech Administrative Coordinator, Maureen Biggers at (404) 894-3181 or ice@cc.gatech.edu if other special circumstances exist.**

Financial Assistance Request

I am requesting Financial Assistance for _____ name of student.

He/she meets ___ A, ___ B, ___ C ___ D ___ (check one) of the guidelines above.

I am requesting \$ _____ towards **Summer ICE@Tech** tuition.

Parent's/Guardian's Signature _____ **Date** _____

Please attach a copy of letter from school cafeteria indicating free/reduced lunch status, tax form or other confirming document. Financial assistance cannot be awarded without supporting documentation.

Parent or Guardian Information Form

Mother's Name	Last	First
Mailing Address		
Place of Employment		
Home Phone	Work Phone	
Father's Name	Last	First
Mailing Address		
Place of Employment		
Home Phone	Work Phone	
Who is the applicant's legal guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other (If other, please complete information below)		
Legal Guardian	Last	First
Mailing Address		
Place of Employment		
Home Phone	Work Phone	
Parent or Guardian Signature		

HEALTH FORM

Name of Participant _____
Please Print

Date of Birth _____ Age _____ Gender _____

Home Address _____
Number & Street City State Zip

Home Phone Number _____

Name of Parent or Legal Guardian _____
Please Print

Home Address _____
Number & Street City State Zip

Telephone Number _____
Home Work

In Case of Emergency we may call _____
Please Print Phone Number

Family Physician _____
Please Print Phone Number

Medical Insurance _____
Name of Company Group Number

NOTE: PARTICIPANTS MUST HAVE MEDICAL INSURANCE

The following Immunizations are required (Give Dates)

Measles _____ Mumps _____ Last Tetanus Booster _____

Rubella _____ Rubella Booster _____

Polio _____ Polio Booster _____

DPT Basic Series _____ Booster _____

Allergies: (Please Check)

1. Penicillin _____ 2. Sulfa _____
3. Pollens _____ 4. Insect Bites or Stings _____

5. Foods (Please List) _____

6. Others (Please List) _____

Do you have any condition either medical or emotional that may produce:

Fainting _____ Convulsions _____ Seizures _____ Unconsciousness _____

(Please List) _____

List all past surgical operations or procedures _____

List all medical / emotional illnesses / disabilities _____

List conditions currently being treated _____

Medications being taken _____

Are you in good physical condition? _____ If not, please explain _____

List any abnormality, physical or emotional that would make participation in aerobics, or

competitive sports hazardous _____

AUTHORIZATION FOR MEDICAL TREATMENT
(The completed form must be on file before treatment is administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian's signature is **REQUIRED** below if the student is less than eighteen years of age.

Signature of Participant

Date

Signature of Parent or Legal Guardian

Date

NOTICE TO ALL PERSONS PARTICIPATING IN ATHLETIC, RECREATIONAL AND ADVENTURE PROGRAMS, WORKSHOPS AND OTHER ACTIVITIES INVOLVING RISK OF BODILY OR PERSONAL INJURY AND/OR PROPERTY DAMAGE

Many programs, activities and workshops involve substantial risks of injury, property damage and other dangers associated with participation in such activities. Dangers peculiar to such activities include, but are not limited to: Hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack and heat exhaustion.

Each participant in the following activity: **Summer ICE@Tech** should realize that there are inherent risks, hazards and dangers involved including the training, preparation for, and travel to and from such activities. It is the responsibility of each participant to engage only in those activities and programs for which he/she has the prerequisite skills, qualifications, preparation and training.

The Institute does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, instructor, or individual participant in any athletic, recreational, adventure program or workshop.

Parent Initials _____ **Date** _____

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

I have read the above notice carefully and acknowledge receipt of a copy thereof. In consideration of the benefits received, I hereby assume all risks of damages or injury, including death that I may sustain while participating in or as a result of, or in any way growing out of any aforementioned activity or program, or in travel to and from such activity.

Further I hereby certify that I am covered by an accident and health insurance policy that will be in effect at any time I am participating in the Institute related activities or programs.

Parent Initials _____ **Date** _____

RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE

(READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Georgia Institute of Technology allowing the undersigned to participate in these programs and activities for which or in connection with which the Institute has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs for activities, the undersigned does hereby release and forever discharge the Georgia Institute of Technology and the Board of Regents of the University System of Georgia, its member individually, and its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue the Institution, the Board of Regents of the University System of Georgia, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue the Institution or the Board of Regents of the University System of Georgia shall not constitute a waiver in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment at the institution or participation in risk related activity. I have received a copy of this document and I certify that I am _____ years of age and suffering under no legal disabilities and that I have read the above carefully before signing.

Name _____
(Please Print)

S.S.# (last four digits) _____

_____ 2004
Date

Signature

Signature of Parent or Guardian if participant is under 18 years of age

Signatures witnessed by: _____

Witness signature: _____

The signatures on this form must be witnessed. A family member can witness them. Notarizing is not necessary.

AUTHORIZATION TO PICK UP STUDENT

We will not release your child to anyone not previously authorized by you. Please complete this form and return it with your release and other enclosed forms. We must have this form on file before your child's begins Summer Ice@Tech.

Student Name: _____

Transportation Mode:

Public Transportation _____

Parents _____

Names of Parents Authorized To Pick Up Child:

Names of Others Authorized To Pick Up Child:

My son/daughter will be driving to the camp. Please send parking information.

Parent's Signature: _____ **Date:** _____

**Please return application packet to:
Summer ICE@Tech
Institute for Computing Education
College of Computing
Georgia Institute of Technology
Atlanta, Georgia 30332-0282
Telephone (404) 894--3181
Fax (404) 385-0965**

**INFORMATION NEEDED BY GEORGIA TECH TO ACCEPT CREDIT CARD PAYMENTS
BY MAIL OR FAX**

To: Shirley Bennett

Phone Number (404) 894-4850

Fax Number (404) 894-9675

(Fax Machine is accessible 24 hrs/day and 7 days a week)

Date: _____

Time: _____

Check One:

MasterCard

Visa

Discover

American Express

CREDIT CARD NUMBER:

EXPIRATION DATE:

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M M / Y Y

SECURITY CODE: Please enter the last 3-4 digits on the back of your credit card (MasterCard, VISA and Discover only)

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Summer

ICE@Tech 2004 Amount:
APPLICABLE):

\$.		
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Daily Limit (IF

\$.		
----	--	--	--	---	--	--

Student Name: _____ Parent Name: _____ Daytime Phone Number: () -

CARDHOLDER'S NAME: _____
(Please Print)

BILLING ADDRESS OF CARDHOLDER: _____
(Street Address) (City) (State) (Zip Code)

SIGNATURE OF CARDHOLDER: _____

*All information requested above is required. Any fax received without this information could cause delays in processing your payment.

