Application Form for Continuing Students
Eugene Math Circle at University of Oregon, 2013-2014
http://pages.uoregon.edu/nemirovm/emc

Student’s Name:

First Name       (MI)       Last Name

Student’s Address:

Street                                                                    City/Zip Code

Applying to EMC: Elementary I __   Elementary II__   Intermediate __   Advanced __

Parent(s) Name(s):

First Name       (MI)       Last Name

First Name       (MI)       Last Name

Parent’s E-mail (Please TYPE):


Student’s E-mail (for Middle and High school students ONLY):


Parent’s Phone Numbers:


Payment Information:

paying in full: $100 __        need partial scholarship: $50 __      need full scholarship: $0 __

Parent’s or Legal Guardian’s Signature: ____________________________ Date: _________

Student’s Signature (middle/high school only): _______________________ Date: _________
Instructions

Mail the application form together with the payment to:
  Math Circle Coordinator
  Department of Mathematics
  University of Oregon
  Eugene OR, 97403

On your check write *Pay to Order: “UO Department of Mathematics”* and on the *memo line: “EMC, Spring 2014, [your child's name]”*

Please note that the Department of Mathematics may deposit your check immediately upon receiving.