Application Form for Continuing Students
Eugene Math Circle at University of Oregon, 2015-2016
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, [your child’s name]”.

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