



# Signature Page

While completing your online application you and your parents have been asked to check a box verifying your identity and certifying that the information you have supplied is accurate. This form requests your signature, as well as your parents, acknowledging certain policies and preferences. This form also provides space for a school official to certify your transcripts. On the reverse side of this form is space to complete an optional Financial Aid application. Additional materials may be attached to this form to further support that application.

Should you have any questions regarding the content of this form, you may contact Jana Morton, Assistant to the Dean, at (660) 785-5406 or [jmorton@truman.edu](mailto:jmorton@truman.edu).

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## Teacher Recommendation

Please have one of your current teachers complete the enclosed Teacher Recommendation form and return it with your application.

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## Transcripts

Please provide us with a complete copy of your transcripts (two full years). Transcripts can be mailed directly to the Zombie Scholars Academy or sent with your application in a sealed envelope. The school official certifying the transcripts must sign across the seal of the envelope OR sign on this page stating that the transcripts are a certified copy.

**Certifying School Official:** \_\_\_\_\_

Please PRINT Name

Title

Signature

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## Signatures

**Applicant:** If accepted, I will follow the guidelines and rules established for all aspects of the program. In signing this document I acknowledge that I have read (or will read) the policies described on the ZSA website at <http://zombie.truman.edu/the-experience/student-life/> (printed copies available upon request) and will familiarize myself with the policies described in welcome materials and communications received from ZSA prior to the Academy. I realize that if I do not follow the guidelines and rules that I may be dismissed from the Academy without refund.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian:** I acknowledge having read the material that appears in the links under the column General Information, located at <http://zombie.truman.edu> and <http://zombie.truman.edu/admission/> (printed copies available upon request) for the Zombie Scholars Academy and I approve of my child's application for admission. I further understand that it is my responsibility to make myself familiar with any other printed or electronic materials I receive from the Academy prior to my child's arrival on campus this summer. I understand that tuition will not be refunded for students leaving the Academy early due to homesickness, disciplinary, or scheduling conflicts (see <http://zombie.truman.edu/admission/tuition-and-scholarships/>). Pro-rated refunds may be obtained **only** in cases of serious medical or family emergencies with the approval of the Dean. I also understand that if my son or daughter does not follow the guidelines and rules established for the program, he or she may be dismissed from the Academy without refund. Further...

I do \_\_\_\_ do not \_\_\_\_ give permission for my child to be photographed, interviewed, and/or have a sample of his or her work published. Some photographs of student activities and class work will appear on the ZSA web site in order to promote the Academy. I understand that ZSA will exercise discretion regarding media contact.

I do \_\_\_\_ do not \_\_\_\_ give permission for my child to complete all quizzes, tests, surveys, and assessments that ZSA deems necessary for evaluating program effectiveness.

I do \_\_\_\_ do not \_\_\_\_ give permission for my child to complete surveys pertaining to their interest in possible future programming by Truman State University, such as summer academies for high school students, early entry college opportunities, etc.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

# Financial Aid

**Parents** should complete the following section **only** if they wish to apply for financial aid for their child. All information is confidential and will only be seen by the Dean of ZSA, the Director of ZSA and the Assistant to the Dean.

\*\*If you do not wish to apply for financial aid, please leave this section blank and move on to the next section.

A limited number of students selected for the Zombie Scholars Academy will be awarded scholarships based on need. Students are encouraged to seek aid from services and business organizations in the local community as well.

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## Employment

<b>Custodial Parent</b> (Name) _____ Employer's Name _____ Occupation _____	<b>Custodial Parent</b> (Name) _____ Employer's Name _____ Occupation _____
(If Applicable) <b>Non-Custodial Parent</b> _____ Employer's Name _____ Occupation _____	(If Applicable) <b>Legal Guardian</b> _____ Employer's Name _____ Occupation _____

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## Income

Using your Gross Adjusted Income from your **most recently filed** Federal Income Tax Return, please indicate the range of your income.

20 K or less\*    20-30 K    30-40 K    40-50 K    50 K or more    I/we did not file tax returns last year\*

\*Check 20K or less if your reason for not filing returns was because your qualifying income was too low.

## Extenuating Circumstances

Please check any of the following circumstances that presently describe your family.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Parents Divorced   | <input type="checkbox"/> Parents Separated     | <input type="checkbox"/> Parent(s) on Disability |
| <input type="checkbox"/> Father Deceased  | <input type="checkbox"/> Mother Deceased       | <input type="checkbox"/> Single Parent           |
| <input type="checkbox"/> Raised by Grandparent  | <input type="checkbox"/> One Parent Unemployed | <input type="checkbox"/> Both Parents Unemployed |
| <input type="checkbox"/> Joint Custodial/Non-Custodial Parent Delinquent on Child Support |  |  |

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## Additional Information

Please explain any additional extenuating circumstances which you feel impact upon your family's ability to pay tuition for participation in Zombie Scholars Academy. If additional space is needed, please attach a page to the application. **This section is very helpful to our award evaluators, so please be thorough.**

## Signature

I (we) certify that the details provided for financial aid are true and complete, to the best of my (our) knowledge.

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Signature

Date

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Signature

Date