



**Contact Information**

**Address:** \_\_\_\_\_  
*Street City State Zip*

**Telephone:** \_\_\_\_\_ (Primary) \_\_\_\_\_ (Secondary)

**E-mail:** \_\_\_\_\_  
Provide an e-mail you check frequently. Acceptance notices and important Academy information will be sent by e-mail.

**Medical Concerns**

The Tuskegee BUILDERS Academy meets for most of the day and will provide lunch and snacks to peer mentors. Please, let us know whether you have any medical concerns of which we should be aware.

Do you have any food allergies/sensitivities?     Y     N

Please, list any food items that you should avoid for allergy/medical reasons:

\_\_\_\_\_

Are there any medical concerns/daily medications of which we should be aware?     Y     N

If you answered "yes" to either of the questions above, the Academy will reach out to the person listed as primary emergency contact to ensure that your needs are met during Academy days.

**Who Should We Contact in Case of an Emergency?**

If you are selected as a peer mentor, who should we contact in case of an emergency?

**Primary emergency contact** (provide address if different from student's):

**Name:** \_\_\_\_\_    **Relationship to student:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City State Zip*

**Telephone:** \_\_\_\_\_    **E-mail:** \_\_\_\_\_

**Secondary emergency contact** (who can we reach if the primary contact is not available?):

**Name:** \_\_\_\_\_    **Relationship to student:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

*By submitting this application, you are declaring that all the information provided in this application is factual and complete. You also agree that, if selected to participate in the Tuskegee BUILDERS Academy, you will take part in all Academy activities as assigned to you by faculty mentors. You also acknowledge that failing to satisfy any of these requirements will lead to loss of the stipend and/or termination of your contract as peer mentor.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

**Completed applications must be mailed to: Dr. Mohammed Qazi, Dept. of Mathematics, Tuskegee University, AL 36088, or emailed to [tuskegeebuildersacademy@gmail.com](mailto:tuskegeebuildersacademy@gmail.com).**

**For full consideration, applications must be received by April 15, 2019.**