

**Texas State University**  
**Summer Transportation Camp/National Summer**  
**Transportation Institute**  
**Two-Week Residential Program**  
**June 16 – June 28, 2024**

**Program Overview**

The TXST STC/NSTI Program aims to introduce a diverse group of motivated pre-college students to the transportation industry and encourage them to pursue transportation related studies and careers. During the **two-week residential** program, students will participate in academic and enhancement activities designed to improve their skills in science, technology, engineering, mathematics (STEM). The selected students will participate in on-campus activities and off-campus field trips. The program strives to:

- Increase students' awareness of different transportation modes
- Heighten students' understanding of the importance of different transportation modes and solutions
- Expose students to a variety of transportation careers
- Improve students' creativity, analytical, and problem-solving skills
- Develop students' interpersonal, collaboration, and leadership skills
- Provide college and career guidance

To be eligible, applicant must:

- be interested in STEM and transportation
- be at the time of STC/NSTI program, 9th to 12th grader
- have cumulative grade point average (GPA) at least 2.5/4.0

The application deadline for the program will be **May 26, 2024**.

**A complete application packet MUST include the following:**

**Part A: Student Section**

- 1) Cover Sheet
- 2) A completed application form
- 3) A current copy of the student's school transcripts
- 4) A personal statement (250-500 words). In the statement, provides the answers for the following questions: Why are you interested in participating in the program? How can it assist you in meeting your career goals? What do you hope to gain from participating?
- 5) A recommendation letter from a teacher or counselor.

**Part B: Parent Section**

To be completed and signed by parent or

guardian **Part C: Teacher Recommendation**

To be completed and signed by teacher or counselor

Selection will be based on the strength of each candidate's application packet, including their GPA, personal statement and recommendation.

**Texas State University  
Summer Transportation Camp/National  
Summer Transportation Institute Two-  
Week Residential Program  
June 16 – June 28, 2024**

**Program Application Packet  
Cover Sheet**

STUDENT'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

SCHOOL DISTRICT/COUNTY \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Counselor

\_\_\_\_\_  
Date

# Application Form

## PART A: STUDENT SECTION (Please type or print clearly.)

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Grade for the **2024-2025** School Year: (**Check one.**) \_\_\_\_\_ 9<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup> \_\_\_\_\_ 12<sup>th</sup>

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: \_\_\_\_\_ Grade Point Average (GPA): \_\_\_\_\_

Ethnicity: \_\_\_\_\_ African American \_\_\_\_\_ Asian American \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Others

Name of Parent/Guardian: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

School Attending Fall **2024**: \_\_\_\_\_

Address of School to be attended in Fall **2024**: \_\_\_\_\_

\_\_\_\_\_

School Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

Do you have a disability or special needs? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Do you have a dietary restriction? If so, please describe \_\_\_\_\_

\_\_\_\_\_

## Career of Interests: (Check those of your interest)

- |                           |                         |                                   |             |
|---------------------------|-------------------------|-----------------------------------|-------------|
| 1) Civil Engineering      | 2) Computer Engineering | 3) Biomedical Engineering         |             |
| 4) Electrical Engineering | 5) Computer Science     | 6) Sciences                       | 7) Business |
| 8) Urban Planning         | 9) Pre-Medical Program  | 10) Others _____ (Please specify) |             |

## PART B: Parent's/Guardian's Information and Permission

Student's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

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

Choose the yearly income range that best represents your family (it is NOT related to the final selection of student admission to the NSTI. The data collection is optional, which is confidential and only used for educational research):

Less than \$15,000;    \$15,000-\$29,999;    \$30,000-\$44,999;    \$45,000-\$59,999;    \$60,000-\$74,999;    \$75,000+

WE/I permit \_\_\_\_\_ (student's name) to be

considered for participation STC/NSTI program on Texas State University campus. I understand that, if he/she is selected to participate, the program is **residential** and therefore transportation to and from the University campus Monday through Friday will be the responsibility of the parents/guardians and the student. Lunch is provided. I further understand the STC/NSTI students are required to abide by University rules and regulations and that failure to abide by such rules and regulations may be cause for immediate dismissal. I also understand that parents/guardians of student participants are required to attend the opening and closing session of the program.

Signed: \_\_\_\_\_

Parent/Guardian

Date \_\_\_\_\_

## PART C: TEACHER EVALUATION

This section is to be completed by the teacher who is recommending the student whose name is shown below.

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Subject(s) taught for student: \_\_\_\_\_

Please estimate the extent to which the student has demonstrated the qualities listed below when compared with other students that you have taught by checking (✓) your response according to the following scale:

1-5 Scaling: 5 is the Highest and 1 is the Lowest

Qualification	1	2	3	4	5	NA
Mathematical Skill						
Reading Skill						
Writing Skill						
Computer Usage						
Innovation						
Attitude toward administrators, teachers, and staff members						
Attitude toward other students						
Classroom behavior						
Leadership ability						
Potential to cope in a college environment for a 3-week period						

In the space below, please provide additional comments which you believe would be helpful to the screening and selection committee for student participation in the Program.

---

Signature of Teacher

Date

**Texas State University**  
**UPPS 05.06.03 Student Travel**  
**Authorization for Medical Treatment For Minors**

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_,  
(name of parent/legal guardian) (relation to child) (printed name of child)

give the child named above permission to use transportation provided by Texas State University and to participate in this Texas State University travel-related activity. He/She has my permission to participate in all activities related to this event.

I also give permission to an authorized Texas State University representative to furnish such medical care as the child named above may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not prevent the representative from providing such medical and/or emergency treatment as may be necessary for the best interest of the life of the child named above. I further understand and agree that Texas State University is not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment provided to the child named above.

Please complete the section below.

Name of Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Relation to child \_\_\_\_\_

Second Contact \_\_\_\_\_

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Relation to child \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name (Parent or Legal Guardian)

\_\_\_\_\_  
Signature (Parent or Legal Guardian)



**TEXAS STATE UNIVERSITY  
SUMMER TRANSPORTATION CAMP/NATIONAL  
SUMMER TRANSPORTATION INSTITUTE**

**Student Agreement Form**

I \_\_\_\_\_, agree to participate in the **Summer Transportation  
Camp/National Summer Transportation Institute** program from **June 16 - June 28, 2024** without  
interruptions. A second agreement form will be email to you after you have been selected through our  
selection procedure.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

This form should be returned on or before **May 26, 2024**.



**Release of Liability, Indemnification and Assumption of the Risk Agreement**  
(Form for Minors)

Name of **Minor** (Print): \_\_\_\_\_

Name of Parent/Guardian (Print): \_\_\_\_\_

Relationship to Minor (Print): \_\_\_\_\_

Organization: \_\_\_\_\_

Activity: \_\_\_\_\_  
(Please describe specifically the Activity) \_\_\_\_\_

Activity Dates: \_\_\_\_\_

**This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this form is required before the above-named Minor participates in the Activity. This document cannot be altered or modified by any verbal or written statements.**

\_\_\_\_\_  
Initial      Releasees:      The "Releasees" in this agreement are the Board of Regents, The Texas State University System, Summer Transportation Camp/National Summer Transportation Institute, and all regents, directors, employees, agents, and officers and volunteers of such entities.

\_\_\_\_\_  
Initial      Assumption of Risks: To the best of my knowledge, the above-named Minor is in good health and has no physical limitations that would preclude or impede the above-named Minor's participation in the e Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I voluntarily elect to allow the above-named Minor to participate and engage in the Activity knowing that the Activity may be hazardous to my property, the above-named Minor's property and the above-named Minor. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or the above-named Minor may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of any of the Releasees.

\_\_\_\_\_  
Initial      **INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEY'S FEES, THAT THE RELEASEES MAY INCUR DUE TO THE ABOVE-NAMED MINOR'S PARTICIPATION IN THE ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND) AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF THE ABOVE-NAMED MINOR'S INJURIES OR DEATH, AND/OR THE ABOVE-NAMED MINOR INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON'S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.**

## Release of Liability, Indemnification and Assumption of Risk Agreement, Cont'd

**THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_  
Initial      **Release:**      In consideration for facilitating the above-named Minor's participation in the Activity I, individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue any of the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including without any limitation any claims of negligence, arising out of any loss or damage to my or the above-named Minor's property and/or any personal injury or death, that the above-named Minor may sustain whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

**THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES' OWN NEGLIGENCE.**

\_\_\_\_\_  
Initial      **Intent:**      I intend that this Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.

\_\_\_\_\_  
Initial      **Free Act:**      I acknowledge that I have read and understand this Release of Liability, Indemnification and Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am the parent and/or legal guardian of \_\_\_\_\_ (name of Minor), of lawful age (18 years or older) and legally competent to sign this Agreement.

\_\_\_\_\_  
Signature of Legal Parent/Guardian

\_\_\_\_\_  
Date



*The rising STAR of Texas*

**TEXAS STATE UNIVERSITY  
SUMMER TRANSPORTATION CAMP/NATIONAL  
SUMMER TRANSPORTATION INSTITUTE**

**Emergency Contact Form**

Please complete this form as accurately as possible, attach a copy of your **insurance card (front & back)** and bring it with you on **June 16, 2024**.

Participant's Name \_\_\_\_\_

Father's name/Guardian(s) \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Name/Guardian (s) \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

In the event of an emergency and neither parent/guardian can be reached, permission is given to the following for pick-up of participant:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Health Information: (Include allergies, chronic health conditions): \_\_\_\_\_

Does your child take any medication on a daily basis at home (prescription/non-prescription)? If yes please the name and dosage of the medication.

**EMERGENCY TREATMENT AUTHORIZATION AND RELEASE**

I hereby authorize necessary medical treatment in the event I cannot be reached and a medical emergency exists.

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

\_\_\_\_\_  
Date



## PHOTO/TESTIMONIAL RELEASE FORM

### PERMISSION TO USE IMAGE/TESTIMONIAL DATA

I, \_\_\_\_\_, give Texas State University and/or the Texas State University System (herein, "Texas State"), its employees, designees, agents, independent contractors, legal representatives, successors and assigns, and all persons or departments for whom or through whom it is acting, the absolute right and unrestricted permission to take, use my name, testimonial and biographical data and/or publish, reproduce, edit, exhibit, project, display and/or copyright photographic images or pictures of me or my child(ren), whether still, single, multiple, or moving, or in which I (they) may be included in whole or in part, in color or otherwise, through any form of media (print, digital, electronic, broadcast or otherwise) at any campus or elsewhere, for art, advertising, recruitment, marketing, fund raising, publicity, archival or any other lawful purpose.

I waive any right that I may have to inspect and approve the finished product that may be used or to which it may be applied now and/or in the future, whether that use is known to me or my child(ren) or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image or product.

I release and agree to hold harmless/liable Texas State, its Board of Regents, officers, employees, faculty, agents, nominees, departments, and/or others for whom or by whom Texas State is acting, of and from any liability by virtue of taking of the pictures or using the testimonial/biographical data, in any processing tending towards the completion of the finished product, and/or any use whatsoever of such pictures or products, whether intentional or otherwise.

I certify that I am at least 18 years of age (or if under 18 years of age, that I am joined herein by my parent or legal guardian) and that this release is signed voluntarily, under no duress, and without expectation of compensation in any form now or in the future.

Name (Please print)

Signature of parent or legal guardian if under  
18 years of age

Signature

Date

Witness

601 University Drive | San Marcos, Texas 78666

TXSTATE.EDU

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.416.4700 | WWW.TXDOT.GOV

## Release and Authorization to Photograph or Otherwise Record

I, the undersigned \_\_\_\_\_, do hereby consent to being photographed or otherwise recorded by the Texas Department of Transportation (hereinafter "TxDOT"), and I also give TxDOT permission to put the finished photographs, films, or video tapes, to any legitimate uses it may deem proper. Further, I hereby relinquish and give to TxDOT all right, title, and interest I may have in the finished pictures, negatives, reproductions, and copies of the original prints and negatives, and further grant TxDOT the right to give, sell, transfer and exhibit the negatives, original prints or copies and facsimiles thereof to any individual, business firm, or publication or to any of their assignees and to circulate the same for any and all purposes and in any manner, including publications and advertisements of all kinds in all media.

I, the undersigned, do thereby further agree and acknowledge that I have not and will not claim to have, either under this agreement or otherwise, any right, copyright, title, or interest of any kind or nature whatsoever, in and to any program of films or video tapes taken by TxDOT in which I appear, including but not limited to the scripts, title, copyright, ideas, names, themes, and/or the other characteristics and incidents of any such program of TxDOT; and such rights are recognized to be in TxDOT, its successors, agents, licensees, customers, and assigns.

I further hereby release TxDOT, its associates, successors, and assignees, from any and all claims for damages for libel, slander, invasion of the right of privacy, or any other claim based on the use of all said material specified, described, or mentioned herein.

This release is made on behalf of myself, my heirs, executors, administrators, and assigns, and is to be governed by the laws of the State of Texas.

DATED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

OUR VALUES: *People • Accountability • Trust • Honesty*

OUR MISSION: *Through collaboration and leadership, we deliver a safe, reliable, and integrated transportation system that enables the movement of people and goods.*

An Equal Opportunity Employer