

ST. THOMAS OF VILLANOVA SCHOLARS (STOVS)
SUMMER PROGRAM – JULY 5 -22, 2017

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

Email Address: _____

Banner ID number: _____ T-shirt Size: S M L XL XXL

Birth Date: _____ Allergies: _____

Health Insurance Policy Number: _____

Health Insurance Company: _____

Have you applied to be a part of a Villanova Learning Community (please select) Yes No

What is your planned major: _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Alternate Emergency Contact Person

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Application Parts I and II

Part I

Please explain in essay format (250 words or less) the following question:

As an individual, what will you contribute to our summer experience at STOVS?

Part II

Please answer the following question. Your response may be in poem, rap, song, art, picture or video format (if video or audio format, please upload to the site of your choosing (e.g., YouTube) and provide link – please do not send full video or audio file via email). 90 second time limit for videos.

What makes your application unique to the St. Thomas of Villanova Scholars Program?

Please email the following to VillanovaSTOVS@gmail.com by **Wednesday, May 31st –at 5pm**

1. Information sheet
2. Application Part I
3. Application Part II
4. Waiver
5. STOVS Pledge
6. ACTIVE Commitment

All application materials must be received by 5 PM EST on May 31st in order to be considered. No late applications will be accepted.

VILLANOVA UNIVERSITY
ST. THOMAS OF VILLANOVA SCHOLARS SUMMER PROGRAM

Participant Waiver and Release

This waiver and release agreement ("Release") is made as of _____, 2017. The parties to this Release are _____ ("Participant"), his or her parent if Participant is a minor ("Parent") and Villanova University ("University"). The parties, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, intending to be legally bound hereby agree as follows.

1. **Program.** Participant has chosen to participate in the St. Thomas of Villanova educational program at Villanova University (hereafter "Program") during the period from **July 5, 2017 to July 22, 2017.**

2. **Assumption of Risk.** Participant and Parent understand and agree that participation in the Program presents risks to Participant and Participant's property. Such risks may include exposure to potentially serious health and safety hazards such as transportation accidents. Participant and Parent are responsible for researching and evaluating the risks Participant may face and are responsible for Participant's actions. Any activities that Participant may take part in, whether as a component of the Program or separate from it, will be considered to have been undertaken with Participant's and Parent's approval and understanding of any and all risks involved.

3. **Adherence to Standards.** Participant and Parent understand and agree that Participant shall abide by: (i) all policies, rules, and regulations of the University, (ii) all laws, rules, directions, and precautions issued by University or its representatives, by any associated individuals, institutions, or organizations, or by any governmental agency. Participant specifically understands that the consumption of alcoholic beverages is not permitted during the Program.

4. **Termination of Participation.** Participant shall not engage in inappropriate conduct including the use of physical or verbal violence, open abuse of the customs or mores of the community, or unauthorized absences from classes or other activities. Participant and Parent understand that, in its sole discretion, University or its representative may terminate Participant's participation in the Program at any time. Reasons for termination may include, but are not limited to: inappropriate conduct or other behavior by Participant deemed detrimental to the best interests of the Program; emergencies; or health or safety considerations.

5. **Release of Claims.** Participant, Participant's Parents, and their respective heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, will not hold liable and hereby release and discharge University, its officers, trustees, faculty, employees, agents, students, volunteers and representatives (hereafter "released parties") from and waive any and all claims, which may arise from any cause whatsoever, including any negligent act or omission by the released parties. Participant and Parent further release and discharge the released parties from responsibility for any accident, illness, injury including death, or any other consequences arising or resulting directly or indirectly from Participant's participation in the Program. Participant and Parent recognize and agree that the released parties assume no responsibility for any liability, damage, or injury that may be caused by Participant's negligence or willful acts committed prior to, during, or after participation in the Program, or for any liability, damage, or injury caused by the intentional or negligent acts or omissions of any other participant in the Program, or caused by any other person. Participant and Parent recognize that this Release means they are giving up, among other things, rights to sue the released parties for injuries, damages or losses they may incur. Participant and Parent also understand that this Release binds their heirs, executors, administrators and assigns, as well as themselves.

6. **Insurance.** Participant and Parent agree that they are responsible for all Participant's own loss, liability and expenses, including any medical expenses incurred in connection with the Program. Participant and

Parent agree, as a condition of participating in the Program, to maintain adequate health and accident insurance to cover any medical expenses incurred during or as a result of participation in the Program. Participant and Parent understand that University does not carry or maintain health, medical, or disability insurance coverage for participants in the Program. Participant and Parent understand and acknowledge that the University does not carry property insurance that applies to theft or loss of Participant's personal property. Participant and Parent understand that University will not be responsible for any physical damage to or theft or loss of property owned by Participant.

7. Indemnification, Defense and Hold Harmless. Participant and Parent hereby agree to indemnify, defend and hold harmless the released parties from any such claim or loss or liability whatsoever including reasonable attorneys' fees, caused by any act or omission of Participant resulting from direct or indirect participation in the Program.

8. Financial Responsibility. University assumes no responsibility for or obligation to provide financial assistance or other assistance, including, without limitation, medical, health, disability or life insurance, emergency evacuation or medical care or expenses in the event of injury, illness or threat, including terrorism.

9. First Aid; Other Medical Services; Transportation. Participant and Parent hereby authorize released parties, at their discretion, to administer to or seek for Participant first aid and other emergency medical services (including, without limitation, the Heimlich maneuver, mouth-to-mouth resuscitation, cardio-pulmonary resuscitation (CPR) and defibrillation) and transportation for further medical care, but acknowledge that released parties may not be present or may not elect or be able or competent to administer or seek such aid or services or transportation.

10. Emergency Contact and Health Insurance Information

In the event of an emergency involving Participant, the following person(s) should be notified:

Printed Name _____ Relationship to
Participant _____

Address _____

Phone Number(s) _____ Fax Number

Email address(es) _____

11. Photo Permission. Participant and Parent hereby fully release and grant permission for the use of Participant's image in any photographs, videos, sound recordings or other media containing an image of Participant ("Images") made in connection with the Program. The Images may be used without restriction for the benefit of the University in any and all publications, in any form, and/or on the University's web sites, without further consideration, and Participant and Parent acknowledge the University's right to crop or treat the Images at its discretion.

Participant and Parent agree that all rights in such Images belong exclusively to the University including, without limitation, the exclusive right to print, publish, display publicly, distribute and sell drawings or prints containing the Images throughout the world and the exclusive right to license, sell, distribute or otherwise dispose of any and all rights in the Images for the benefit of the University.

12. Governing Law. This Release shall be construed in accordance with, and governed by, the laws of the Commonwealth of Pennsylvania, without regard to choice or conflicts of law provisions.

13. Construction and Scope of Agreement. The language of all parts of this Release shall in all cases be construed as a whole, according to its fair meaning, and not strictly for or against any party. This Release is the only, sole, entire, and complete agreement of the parties relating in any way to the subject matter hereof. No statements, promises, or representations have been made by any party to any other, or relied upon, and no consideration has been offered or promised, other than as may be expressly provided herein. This Release supersedes any earlier written or oral understandings or agreements between the parties.

Participant and Parent if, Participant is a minor, certifies that they have read and understand the above statements and that they are true and accurate, and that the signing of this Waiver, Release, and Indemnity is completely voluntary.

Participant's Signature: _____

Date: _____

Witness Printed Name: _____ Witness Signature: _____

Date: _____

(Note: Witness should be an individual in the presence of the Participant and Parent when he/she signed this release & waiver.)

If Participant is under the age of 18 years, signature of parent or legal guardian is required.

Parent/ Legal Guardian's Printed Name ("Parent"):

Parent/ Legal Guardian's Signature: _____

Date: _____

St. Thomas of Villanova Scholars Program
STOVS Pledge

I (name), _____, wish to participate in the 2017 St. Thomas of Villanova Scholars Program (STOVS) Program at Villanova University being held from July 5, 2017 to July 22, 2017 (the "Program"). I understand that this is a competitive application and selection process. In submitting this pledge, I recognize that if selected for the STOVS program, I agree to the following:

- I will not leave the Villanova University campus for any reason. In the event of an emergency requiring travel off campus, I will speak to one of the professional staff prior to leaving.
- I agree that I will not invite any guests to campus who are not affiliated with the Program.
- I will not engage in inappropriate language, relationships or behavior. I will at all times abide by the rules set forth in the Villanova University Student Handbook.
- I will not consume any alcohol or drugs of any kind while participating in the Program.
- I will be in attendance at all times during the classes, meals and activities throughout the Program.
- I will work to my full potential and fully participate in all STOVS activities and programs.
- I will bring an energetic spirit and open mind to all STOVS events.

STOVS Participant & Parent or Guardian

I certify that I have read and understand the above statements. I understand that failure to meet the conditions of this pledge may result in early dismissal from the STOVS program at the student's expense and/or additional disciplinary action from the Dean of Students.

Student Signature: _____ Date: _____

Student Name: _____

Parent or Guardian Signature: _____

Parent or Guardian Name: _____

Villanova University
Center for Access, Success, and Achievement
(CASA)



Facsimile: (610) 519-7758

Telephone: (610) 519-4075

If accepted into the STOVS program, I am expected to adhere to the following:

STOVS Participant Program Requirements in ACTIVE

- Attend STOVS summer program and maintain a C or higher in all courses taken
- Remain in good academic and disciplinary standing throughout the program
- Maintain a cumulative GPA of 2.5 or higher throughout your undergraduate career
- Attend all regularly scheduled meetings with your Graduate Assistant and STOVS Coordinator to discuss academic progress, personal, professional, and social issues
- Use the offered services to achieve goals, and review progress made
- Attend at least two programs and activities per semester (Spring and Fall) to facilitate personal, social, and career-related development

Program Commitments

- The Center for Access, Success and Achievement (CASA) will provide the STOVS summer program, housing and fees for the three-week program.
- CASA will provide student support services, material resources, and policies to facilitate academic success. Student support services may include, but are not limited to: academic counseling, mentoring, tutoring, instruction, special programs, and special events to promote academic, personal, social, and career development.
- CASA will solicit faculty involvement in supporting all students. The Early Report Request forms on your academic progress will be issued once per semester to faculty, as an early detection strategy. The Graduate Assistant or Advisor will meet with you individually to discuss the results of the faculty report.
- If requested, CASA will provide weekly, one-on-one technical subject tutoring
- The CASA will offer a series of personal, social, and career-related programs and activities based on your developmental level.
- The University's Office of Financial Assistance will provide financial counseling services to assist you in managing your finances. This includes, but is not limited to, providing information, and one-on-one advisement on applying for state and federal grants, scholarships, and other financial aid opportunities. A Financial Aid Representative will also hold a special training workshop during the academic year to provide financial aid advice to students. The Financial Aid Representative will review your financial aid applications for institutional grant eligibility, which will vary according to individual financial needs.

I have read and understand the STOVS program requirements and commitments and will comply with all of the above:

STOVS participant signature