

**A GLIMPSE INTO BEING AN ACTUARY  
OAKLAND UNIVERSITY  
SCHOOL OF BUSINESS ADMINISTRATION/COLLEGE OF ARTS AND SCIENCES  
High School Summer Camp 2017**

---

**Eligibility Requirements:** Applicants must be entering 10<sup>TH</sup>, 11<sup>TH</sup> OR 12<sup>TH</sup> grade during the 2016-2017 academic school year and interested in a career in actuarial sciences or a related field (mathematics, statistics, economics, finance, or data analytics).

**Program Cost: \$220 (need-based \$200 scholarships available. All payments will be due by June 27, 2017). A check for \$20 MUST be included with your application. The check is returned if you are not accepted into the program.**

**Program Dates:** July 17<sup>th</sup>-July 21<sup>th</sup> 9:00 am-3:30 pm (includes lunch)

**Selection Criteria:** Selection is based upon:

- Student Information
- Parent or guardian statement
- Student essay
- Recommendation from recent mathematics instructor (completed online)
- Recommendation from high school counselor (completed online)
- An unofficial transcript

**Application Procedure** (All applications must be submitted by June 10, 2017)

A complete application package includes:

- Actuarial Program Application/Student Information
- Parent or guardian statement
- Student essay
- An unofficial transcript
- Check for \$20 (returned if student is not accepted into the program)
- Decision on acceptance expected by June 16

1. Return the completed Actuarial CAMP application to:

Oakland University School of Business Administration  
Attn: Prof. Ronald Tracy  
Elliott Hall, Room 311  
275 Varner Drive  
Rochester, MI 48309-4401  
([TRACY@oakland.edu](mailto:TRACY@oakland.edu))

2. If accepted, applicants will receive an acceptance letter via email and will be required to submit payment by June 27, 2017 to guarantee a spot in the program.
3. Checklist of required materials:
  - a. Student Information, fully completed and signed by student and parent/guardian
  - b. Parent/Guardian Statement, signed.
  - c. Student Essay
  - d. An unofficial transcript
  - e. Check for \$20 made out to Oakland University (will be cashed once you are accepted into the program, it will be returned if you are NOT accepted into the program).
  - f. Send completed materials (a-e) to Prof. Tracy (see above)
  - g. Give your high school counselor the SAMPLE recommendation form (**fill out your name and indicate if you want to be considered for a need based scholarship**)
  - h. Give your current (or very recent) high school math instructor the SAMPLE recommendation form (fill out your name)

**A GLIMPSE INTO BEING AN ACTUARY  
OAKLAND UNIVERSITY  
SCHOOL OF BUSINESS ADMINISTRATION/COLLEGE OF ARTS AND SCIENCES  
High School Summer Camp 2017 -Student Application**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Parent Email Address: \_\_\_\_\_ I want to be considered for a need based scholarship (circle one) YES NO

Date of Birth (mm dd yyyy): \_\_\_\_\_ Gender (check one): Male ☐ Female ☐ Current GPA \_\_\_\_\_

Grade during **2015-2016** academic school year: \_\_\_\_\_ Name of school currently attending: \_\_\_\_\_

References: Current or Recent Math Instructor: \_\_\_\_\_ High School Counselor: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Racial/ethnic background (If your background is multi-cultural indicate the category with which you most identify):

\_\_\_\_\_ White/Not Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Hispanic

\_\_\_\_\_ Black/Not Hispanic \_\_\_\_\_ Native American/Alaskan Native \_\_\_\_\_ Other \_\_\_\_\_

Cotton T-shirt size: (circle one) XS S M L XL 2XL

*I have transportation so that I can arrive at the Actuarial Summer Camp at 9 AM and leave at 3:30 PM (circle one) YES NO*

Do you have a medical condition we should be aware of? (circle one) Yes No

If yes, please explain: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

**List your extracurricular activities, awards, honors, and achievements:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature Certification:** All information on this form is true and complete to the best of my knowledge.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**A GLIMPSE INTO BEING AN ACTUARY  
OAKLAND UNIVERSITY  
SCHOOL OF BUSINESS ADMINISTRATION/COLLEGE OF ARTS AND SCIENCES  
High School Summer Camp 2017  
Parent/Guardian Statement  
July 17-July 21, 2017**

---

**RELEASE AND ASSUMPTION OF RISK**

**For:** \_\_\_\_\_

(Participant's Name)

In consideration of being permitted to participate in and/or observe all or any part of the Program, including without limitation the use of facilities, equipment, grounds and/or personnel and any travel associated with the Program, Participant understands, acknowledges, agrees, represents and warrants that:

**(1) Voluntary Participation.** Participation in and/or observation of all or any portion of the Program is voluntary and Participant may refuse to observe or participate at any time.

**(2) Assumption of Risk.** Participation in and/or observation of the Program or any portion of the Program may involve risks of temporary and/or permanent bodily injury, property damage, death, and other dangers. Participant voluntarily and freely assumes all such risks.

**(3) Health and Safety.** There are no health-related reasons or problems that preclude or restrict Participant from participating in the Program. If Participant is injured during the Program, Participant will report the injury to a Program representative and a representative of Oakland University, and any medical care needed as a result of such injury will be at Participant's expense.

Oakland University and its trustees, officers, employees, students, volunteers, agents, representatives and designees (collectively, the "University") are not obligated to attend to any of Participant's medical or medication needs during the Program, and Participant assumes all risk and responsibility therefore. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding Participant's health, safety and security.

**(4) Personal Responsibility.** Participant is personally responsible for any loss, injury or damage caused or suffered by Participant during the Program. The University does not guarantee Participant's safety or security during the Program. Participant agrees to abide by all rules, regulations, and policies of any organization, entity, person, or facility providing services to Participant during participation in the Program and Participant shall be solely responsible for any damages resulting from their failure to do so.

Participant is responsible for his or her own medical and other insurance, equipment, supplies, personal property, and effects during the Program. Participant will be responsible for asking questions to ensure safety and security during the Program, and will observe all rules, practices, procedures and requests which may be imposed to minimize the risk of injury while participating in the Program.

Participant will reduce the risk of injury by limiting participation to reflect his/her personal fitness or comfort level, and not ingesting or using any substance during the activity which could pose a hazard to Participant or others. Participant also understands and acknowledges that he or she is required to comply with the University's Student Code of Conduct, Code of Student Rights and Responsibilities and all other University codes, policies, rules and regulations during the Program. Any Participant who fails to comply with such codes, policies, rules and regulations may be removed from the Program, sent home at his or her own expense and may be subject to discipline by the University

**(5) Waiver and Release.** Participant, individually and on behalf of Participant's family, heirs, estate, successors, assigns and personal and legal representative(s), fully, finally, irrevocably, unconditionally and forever **WAIVES, RELEASES, and DISCHARGES** the University, its trustees, officers, employees, agents, and servants, individually and in their official and personal capacities, (collectively, the "Released Parties"), of and from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO THE PARTICIPANT'S TRAVEL TO, FROM OR DURING THE PROGRAM, OR PARTICIPATION IN AND/OR OBSERVATION OF THE PROGRAM, DELAY, MODIFICATION, CURTAILMENT OR CANCELLATION OF THE PROGRAM FOR ANY REASON, WHETHER CAUSED BY NEGLIGENCE OR CARELESSNESS ON THE PART OF THE RELEASED PARTIES OR ANY OTHER CAUSE AND PARTICIPANT CONSENTS TO, AND RELEASES ANY CLAIMS RELATED TO, THE UNIVERSITY'S USE AND/OR REPRODUCTION OF ANY PHOTOGRAPH AND/OR LIKENESS OF PARTICIPANT IN UNIVERSITY PUBLICATIONS OR OTHER UNIVERSITY MEDIA, ADVERTISING MATERIALS, OR ILLUSTRATIONS.**

**(6) Indemnity.** Participant will **INDEMNIFY, DEFEND and HOLD HARMLESS** the University from any and all **CLAIMS, DEMANDS, CAUSES OF ACTION, SUITS, DAMAGES, LOSSES, COSTS, CHARGES, JUDGMENTS, LIABILITIES AND RIGHTS OF EVERY KIND, NATURE AND DESCRIPTION INCLUDING WITHOUT LIMITATION, CLAIMS THAT COULD BE MADE OR ALLEGED FOR ANY HARM, INJURY, DEATH, DAMAGE, COSTS, FEES AND EXPENSES OF ANY NATURE ACTUALLY OR ALLEGEDLY ARISING OUT OF OR RELATING IN ANY WAY TO PARTICIPANT'S ACTIVITIES, ACTS AND/OR OMISSIONS DURING THE PROGRAM, INCLUDING WITHOUT LIMITATION PERIODS OF TRAVEL.**

**(7) Signature.** Participant has carefully read and understands completely the above provisions and voluntarily signs this Release and Assumption of Risk agreement. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made to obtain Participant's signature. This Release and Assumption of Risk agreement will be governed by the laws of the State of Michigan which will be the venue for any lawsuits filed under or incident to this agreement or to the Program. If any portion of this agreement is held invalid, such portion will be considered severed from the agreement and the remainder of the agreement will continue in full force and effect.

**Participant's Signature:** \_\_\_\_\_

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

I hereby warrant and represent that I am the parent or legal guardian of the Participant. I am hereby providing permission for him/her to participate in the Program, and agree to be responsible for his/her behavior during the Program. I have read, approved and agree to this Release and Assumption of Risk Agreement in its entirety on behalf of myself and for the Participant.

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Comments:**



**A GLIMPSE INTO BEING AN ACTUARY  
OAKLAND UNIVERSITY  
SCHOOL OF BUSINESS ADMINISTRATION/COLLEGE OF ARTS AND SCIENCES  
High School Summer Camp 2017  
Student Essay  
July 17-July 21, 2017**

---

In 500 words or less please explain why you are interested in attending this program and how it fits with your future educational and career aspirations.

**A GLIMPSE INTO BEING AN ACTUARY  
OAKLAND UNIVERSITY  
SCHOOL OF BUSINESS ADMINISTRATION/COLLEGE OF ARTS AND SCIENCES  
High School Summer Camp 2017  
SAMPLE of Recommendation Form for High School Counselor  
July 17-July 21, 2017**

---

A link to an electronic version of this form will be emailed to you within two days of us receiving the application materials for (Student's Name) \_\_\_\_\_.

When you get the link please take a few minutes to complete the form.

**I (student's name) \_\_\_\_\_ want to be considered for a \$200 need based scholarship**

Name of Student \_\_\_\_\_

How long have you known this student \_\_\_\_\_

In what capacity have you known this student

---

---

---

Rate this student in the following areas:

Use the following scale    Top 5%, Top 10%, Top Quartile, 2<sup>nd</sup> Quartile, 3<sup>rd</sup> Quartile, Bottom Quartile

Attentiveness \_\_\_\_\_

Punctuality \_\_\_\_\_

Respectfulness \_\_\_\_\_

Overall Conduct \_\_\_\_\_

Involved in non-curricular programs \_\_\_\_\_

Leadership \_\_\_\_\_

Works well with others \_\_\_\_\_

Overall Evaluation \_\_\_\_\_

Oral Aptitude \_\_\_\_\_

Math Aptitude \_\_\_\_\_

Written Aptitude \_\_\_\_\_

General Comments:

**Need based Scholarship.** If this student has indicated on the *SAMPLE* recommendation form given to you that they are applying for a need based scholarship, what can you tell us about the financial need of this student?

