



CSF Computer Coding Workshop Student Application (Barbados, Dominica and St. Lucia)

Section IV: Application Verification

Workshop Venue: Barbados
(check one box) Dominica
St. Lucia

Applicant's Name _____
Last Name First Middle

Country of Citizenship _____

I understand that I: (a) must show proof of being a Caribbean citizen or permanent resident, or (b) if permanent resident, must show proof of having spent the last four years living continuously in the Caribbean, to apply to the Coding Workshop.

I certify that the information provided in this application (including the Web-based Sections I, II, and III) and other supplementary documents provided are true and complete. I understand that misrepresentation and/or withholding information may result in the rejection of consideration for this program or termination at any time during the program.

If selected, I certify that I will be able to participate for the full duration of the Coding Workshop. If selected, I agree to abide by all program requirements, policies and practices.

If selected, I hereby agree to allow the Caribbean Science Foundation and the Caribbean Diaspora for Science, Technology and Innovation to use my photo, name, and academic and career interests for their website, press releases, public presentations and promotions.

If selected, I agree:

- (a) To be punctual every Saturday morning
- (b) That because I will often be working as part of a team or on team projects, I will endeavor not to miss any sessions, so my partners will not have to carry out my part of the workload.
- (c) Not to play video games, engage in social media interaction, browse Websites unrelated to the Workshop or engage in other distractive or disruptive activity while at the Workshop, and that engaging in such behavior may result in my expulsion from the Workshop.
- (d) To do the weekly homework assignments, and to pay attention in class with full engagement.

I hereby agree to waive my right to view my letters of recommendation, if any, and to release from all liability, the educational institutions and related individuals who may have responded to inquiries regarding my application. I release the Caribbean Science Foundation from any liability related to such inquiries.

I accept the above terms and conditions of my participation in the Workshop, and agree to abide by the Workshop rules.

Applicant's Signature: _____ Date: _____

Parent's Verification (required if applicant is under 18 years of age)

I have granted permission to my child/ward to participate in this Workshop, and agree to the terms of his/her participation.

Signature of parent/guardian _____ Date: _____

IMPORTANT:

Please e-mail this page (Section IV) as an attachment directly to csfhdq@gmail.com.

Name your attachments using the following format "Fall 2020 CCW Application Verification-your country-your first name-your last name". Attachments with file names such as "scan 001" could cause your attachment to be misfiled. If this happens your application will be deemed incomplete.