DUKE UNIVERSITY
REGINALDO HOWARD SCHOLARS PROGRAM

SCHOLARSHIP FINALIST WEEKEND, 2013
WEDNESDAY, APRIL 3RD- SATURDAY, APRIL 6TH

These forms must be returned by Wednesday, March 20, 2013 in order for you to participate in the program.
Email ousf@duke.edu or Fax to (919) 681-7059
Attn: Daniel Baroff

Please read the following information carefully with your parent/guardian and sign your names on the lines provided to indicate your understanding and acceptance of the contents. If you or your parent/guardian has any questions about any of the following statements, please feel free to contact the Office of Undergraduate Scholars and Fellows.

We look forward to meeting you on April 3rd. We have included the following information to help you plan your visit. More detailed information will be sent in the coming weeks. In the meantime, however, you need to confirm your flight with our travel agent.

Cardinal Travel Service and our agent, Connie Garrett, will be handling all airline reservations. Please confirm your email address immediately by sending an email that includes your name and the closest airport to your home to: connie.g@cardinaltravelservice.com.

Reservations will be made by our travel agent for those who must travel by air, and your itinerary will be sent to your email address. Please confirm reservations by March 25. If you do not use email, you may confirm reservations by calling Connie Garrett at 919-433-0021 X15. Their office hours are 8:30 a.m. – 5:00 p.m. EST, Monday through Friday. Travel expenses will be covered by the Office of Undergraduate Scholars and Fellows, based on the lowest contract fares available to our travel agency from the airport closest to your mailing address. If there are deviations from this itinerary, you will be responsible for any additional charges. Please note that we are able to offer you this travel only for the recruitment April 3-6, 2013.

If you plan to drive instead of fly to Durham, you will be reimbursed for mileage at the rate of $0.565 cents per mile from your home to campus – not to exceed the lowest airfare available from the airport closest to your mailing address. Please note that parking on campus is limited. We will provide travel reimbursement forms when you arrive at Duke.

We would like all our scholarship finalists to arrive on Wednesday, April 3rd. Everyone arriving by air will be met in the baggage claim area at Raleigh-Durham Airport. A shuttle service will bring you to campus. If you have arranged your own air transportation, we must have your itinerary in advance in order to provide this service.
Check-in will be held all day on Wednesday, April 3rd at the OUSF office in Smith Warehouse, Bay8N, 2nd Floor, across from East Campus. For those driving or being driven, there will be directional signs on Main Street. Departures will be Saturday, April 6th.

If you have any questions now, please feel free to contact Associate Director, Barbara Wise babs@duke.edu or Administrative Assistant, Daniel Barrof daniel.baroff@duke.edu at (919) 660-3070.

**Participant Responsibility Acknowledgement**

I, ____________________________ (please give student’s full name) am aware that participants in on-campus visitation programs are required to abide by the rules of conduct which govern the behavior of students regularly enrolled at Duke University. I acknowledge that both Duke University policy and North Carolina law prohibit the consumption of alcohol by persons under 21 years of age and prohibit the use of illegal drugs. I agree to abide by these rules during the Reginaldo Howard Scholars Finalist Weekend on April 3-6, 2013, and agree not to seek damages from Duke University due to injury that results from consumption of alcohol or drugs, or any other illegal activity.

I understand that during my participation in this program I am responsible for my own behavior and the consequences of my behavior, and that I will not be supervised by personnel of the Office of Undergraduate Scholars and Fellows or Duke University during my free time on campus. I also understand that the Reginaldo Howard Memorial Scholarship Program reserves the right to take into consideration, during scholarship deliberations, any inappropriate behavior during my campus visit.

<table>
<thead>
<tr>
<th>Signature of Participant</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian if Participant is under 18 years of age</th>
<th>Date</th>
</tr>
</thead>
</table>
Liability Release and Indemnification

This release will confirm that ________________________________________ (please give full name), age ________________, has our permission to be a member of the Reginaldo Howard Scholars Finalist Weekend on April 3-6, 2013.

This release includes events held on and off the Duke campus. In consideration of Duke University accepting him/her as a member of this program, I agree not to seek damages from Duke or any of its trustees, officers, faculty members, employees, or agents, for or on account of any personal injury, loss of health, loss of property, or other damage sustained to him/her directly or indirectly, resulting from his/her participation in this program; and I agree to and do release Duke University from, and hold it harmless against, any and all liabilities or expenses incurred in respect of any claim, suit, or cause of action on account of any such injury, loss or damage.

This release and agreement shall be binding upon me and my heirs, executors, administrators, and successors, and I intend it to take effect as a sealed instrument and to be governed by the law of the State of North Carolina.

Executed as a sealed instrument this ________________ day of __________________________, 2013.

_____________________________
Signature of Parent/Guardian

Please read and complete all 5 pages of this document
Return all forms to The Office of Undergraduate Scholars and Fellows: ousf@duke.edu; or Duke University, Box 90756, Durham, NC 27708; or fax to 919-681-7059
https://sites.duke.edu/finalistweekend2013/
**Student’s Full Name**

Should emergency treatment be necessary for your child, we need your permission to authorize such treatment in the event that you cannot be reached. Please sign below to permit Duke University to authorize emergency medical treatment for your child.

**Signature of Parent/Guardian**

Please list all allergies and dietary restrictions to which your child is subject (i.e. bee stings, milk allergies, etc.).

Please list any medical conditions your child may have and any medications that are now being taken. Also, please indicate any medications your child should not take.

**Parent(s) Information**

*(to be used only in case of an emergency)*

Mother's Name ____________________________ Father's Name ____________________________

Mother's Work No. (______) ____________________________ Father's Work No. (______) ____________________________

Home Phone No. (______) ____________________________

Mother's Cell Phone (______) ____________________________ Father’s Cell Phone (______) ____________________________

Mother’s Email ____________________________ Father’s Email ____________________________

Return all forms to The Office of Undergraduate Scholars and Fellows: ousf@duke.edu; or Duke University, Box 90756, Durham, NC 27708; or fax to 919-681-7059

https://sites.duke.edu/finalistweekend2013/
PRESS RELEASE FORM

University News Services asks that you furnish the name, town, and state of your hometown newspaper(s) and any other newspapers to which you or your parents wish to have a news release sent in the event that you are selected as a recipient of the scholarship.

Please check the appropriate scholarship program:

☐ A.B. Duke Finalist  ☐ B.N. Duke Finalist  ☐ Reggie Howard Finalist
☐ Trinity Scholar  ☐ University Finalist

Name: ____________________________________________

Last     First     Middle

Home Address: ____________________________________________

Street     City     State     Zip Code

Mother’s Name: ____________________________________________

Address: ____________________________________________

Street     City     State     Zip Code

Father’s Name: ____________________________________________

Address: ____________________________________________

Street     City     State     Zip Code

Student’s High School: ____________________________________________

Name     City     State

Local Newspaper(s):

Name________________________ City and State________________________

Name________________________ City and State________________________

The Office of Undergraduate Scholars and Fellows and University News Services have my permission to release the above information and any photographic images of me in news releases.

________________________________________
Finalist’s signature

Please read and complete all 5 pages of this document

Return all forms to The Office of Undergraduate Scholars and Fellows: ousf@duke.edu; or Duke University, Box 90756, Durham, NC 27708; or fax to 919-681-7059

https://sites.duke.edu/finalistweekend2013/