



SEMI High Tech U Application & Consent Form

CONTACT INFORMATION: Please complete the following (print carefully)

Student Name (Last) (First)	<input type="checkbox"/> Female <input type="checkbox"/> Male	Age	Birthday (mm/dd/yr)
Home Address	Home Phone		
City/State/Zip	Cell Phone		
Preferred Name for Badge	Student Email		
High School	District		
Ethnicity	Grade in School 9 10 11 12	Expected Graduation Date	
Grade Point(GPA)	Recruiting Organization (such as MESA or StRUT)		

Parent/Guardian Name	Parent/Guardian Daytime Phone
Parent/Guardian Email	Parent/Guardian Cell Phone

REFERENCES: People you have worked for, school counselors or teachers, adults not related to you who will speak for you.

Name	Phone
Name	Phone

Note: Due to the limited number of slots available, it is possible that some students may not be accepted.

Tell us about your education goals following high school. _____

Explain your career goals _____



List three reasons why you should be selected to attend SEMI High Tech U:

Attach your resume listing work experience, volunteer work and school activities.

MEDICAL EMERGENCY RELEASE AGREEMENT: The SEMI Foundation cannot authorize Medical treatment, if needed, unless this form is completed and signed.

List known allergies or other medical/health risks or special needs: _____

List any special dietary needs (i.e. vegetarian, diabetic) _____

The undersigned hereby gives permission for representatives of the SEMI Foundation and the program sponsors to authorize emergency medical treatment as may be deemed necessary, while participating in SEMI High Tech U.

Table with 2 columns: Student Name, Parent/Guardian Name, Insurance Company, Insurance Policy Number

CONFIDENTIALITY AGREEMENT:

As a student in SEMI High Tech U, I agree to protect and preserve all confidential information to which I may be exposed. Confidential information is information which is not generally known to others and includes information received from outside parties. Specifically, I agree to the following:

I will not copy, nor remove any confidential information from the premises except as specifically approved by an authorized SEMI representative.

I will not disclose to any third party any confidential information. I will use reasonable precautions, at least to the same extent I would use to protect my own confidential information, to preserve and protect such confidential information while in my possession or which comes to my attention during my association with High Tech U.

My obligations of confidentiality under this agreement will continue throughout the course of the High Tech U.

VIDEO, PHOTOGRAPHY AND STUDENT COMMENT RELEASE AGREEMENT:

This will confirm that I (student), _____ have agreed to release all said rights to any photography or video taken in connection with SEMI High Tech U. I understand that in proceeding with said photography or video the producer will do so in full reliance on the foregoing permission. I also release all said rights to any comments or quotes, which may be used in connection with corporate newsletters, industry publication, newspapers.



I expressly agree to release SEMI, its members and agents, of any and all claims which I have or may have for invasion of privacy, defamation, or any other causes of action arising out of production, distribution, broadcast, exhibition or any other use whatsoever of photography, video or comments from students.

RELEASE AGREEMENT:

In consideration of allowing my student to participate in this program, I (parent or legal guardian), _____, give my permission for (student) _____, to participate in SEMI High Tech U. I give permission to SEMI and the program sponsors to act on my behalf in the event of a medical emergency. I hereby release, waive, and agree not to assert any claim of any sort, including claims, losses, or damages on account of any injury, death or damage to property, against the SEMI Foundation, or any of its members, partners, member firms, sponsors, advertisers, owners and lessees of any premises, or volunteers participating in this event relating to any accident, event or mishap that occurs in connection with my/my student's participation in the event.

STUDENT RESPONSIBILITY FOR ATTENDANCE:

It is understood that if student is required to be excused for the regular school day, he/she will be responsible to make prior arrangements with the school in accordance with school policies.

I realize that if I am selected, I am committed to fulfilling all requirements of the program, including full attendance all three days of High Tech U.

AGREEMENT TO PARTICIPATE:

In order to provide a fun and high quality learning experience, we have created a diverse three-day program for you. Below is an overview of what to expect. Please review the expected behaviors/planned activities, and sign at the bottom to indicate your ability and willingness to participate fully. If you have any questions or require special accommodations, please contact me at your earliest convenience. Lisa Anderson, SEMI Foundation, 408-943-6918, landerson@semi.org

Desired Behaviors:

- Demonstrate Interest and Aptitude for High Tech
- Show a Positive Attitude
- Be a Team Player

Activities:

- Air showers/gowning (don & wear "bunny suits" for approx. 45 minutes)
- Walking tours of clean-room fabs and local campus
- Large and fine motor skills to perform "hands on" experiments
- Verbal communication skills – individually and in groups

Yes! I agree to display the desired behaviors and to participate fully in all the activities.

No, I cannot agree to the above listed behaviors and activities.

My signature indicates my agreement with the conditions listed above.

Student Signature:	Date:
Parent/Guardian Signature (if Student is under 18):	Date:

Feel free to email or call if you have any questions. Please return your completed application to: SEMI Foundation • 3081 Zanker Rd. • San Jose • CA • 95134 • PH: 408.943.7860 • FAX 408.943.6952 • Email: SEMIFoundation@semi.org