

St. Cloud State University  
**ADVANCED PROGRAM IN TECHNOLOGY AND SCIENCE**

**Student Application Form**

**All programs are subject to change and contingent on availability of funds.**

**CHECKLIST** - A complete application includes the following items:

1.  STUDENT APPLICATION (This form).
2.  Two letters of recommendation or nomination forms from mathematics or science teachers.
3.  An essay on why student desires to attend this program (600 words).
4.  Participant Responsibility and Program Contract.

Dr. Robert C. Johnson, Project Director  
 Advanced Program in Technology and Science (APTS)  
 St. Cloud State University, Pre-College Programs  
 720 4th Avenue South  
 St. Cloud, MN 56301-4498; Tel: (320) 308-2553; Fax: (320) 308-2554

Applications sent after April 30, 2010 will be considered only if openings are available. Acceptance notices will be mailed to applicants by May 22, 2010. **This program is contingent on availability of funds.**

Name: \_\_\_\_\_  
Last First Middle Initial

Permanent Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
(If MN resident only) (If other than the USA)

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age of Student: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade (as of 2009-2010 school year) \_\_\_\_\_

Sex: Female \_\_\_\_ Male \_\_\_\_ Student's Social Security number: \_\_\_\_\_

Mother's/Legal Guardian's Name: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Father's/Legal Guardian's Name: \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Mother's/Legal Guardian's Cell Phone: \_\_\_\_\_ Father's/Legal Guardian's Cell Phone: \_\_\_\_\_

Ethnicity: Please check the category that you use to identify your ethnic heritage:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> <b><u>AFRICAN-AMERICAN</u></b><br><br><input type="checkbox"/> <b><u>AFRICAN</u></b><br>(Please identify country of origin)<br>_____<br><br><input type="checkbox"/> <b><u>AMERICAN INDIAN</u></b><br><br><input type="checkbox"/> <b><u>WHITE</u></b><br>_____ | <p style="text-align: center;"><b><u>ASIAN</u></b></p> <input type="checkbox"/> Cambodian<br><input type="checkbox"/> Chinese-American<br><input type="checkbox"/> Hmong<br><input type="checkbox"/> Korean-American<br><input type="checkbox"/> Laotian<br><input type="checkbox"/> Vietnamese-American<br><input type="checkbox"/> Other (Please list) _____ | <p style="text-align: center;"><b><u>LATINO/HISPANIC</u></b></p> <input type="checkbox"/> Mexican-American<br><input type="checkbox"/> Puerto Rican<br><input type="checkbox"/> Central American<br><input type="checkbox"/> South American<br><input type="checkbox"/> Other (Please list) _____ | <p style="text-align: center;"><b><u>MULTIRACIAL BIRACIAL</u></b></p> <input type="checkbox"/> Black-White<br><input type="checkbox"/> Am.Indian-White<br><input type="checkbox"/> Latino-White<br><input type="checkbox"/> Asian-White<br><input type="checkbox"/> Black-Indian<br><input type="checkbox"/> Latino-Indian<br><input type="checkbox"/> Other (Please list) _____ |
|--|--|---|--|

List science and mathematics activities and/or awards. (Attach additional sheets if necessary)

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List non-science activities and/or awards.

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List hobbies and major interests:

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**TOTAL FAMILY INCOME:** Please check the appropriate category. (Please be accurate in reporting income; to receive federal funding we have to report accurate information on students, and we may be required to verify this information.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Under \$10,000    | <input type="checkbox"/> \$25,001- \$30,000 | <input type="checkbox"/> \$45,001-\$50,000  |
| <input type="checkbox"/> \$10,001-\$15,000 | <input type="checkbox"/> \$30,001-\$35,000  | <input type="checkbox"/> \$50,001-\$75,000  |
| <input type="checkbox"/> \$15,001-\$20,000 | <input type="checkbox"/> \$35,001-\$40,000  | <input type="checkbox"/> \$75,001-\$100,000 |
| <input type="checkbox"/> \$20,001-\$25,000 | <input type="checkbox"/> \$40,001-\$45,000  | <input type="checkbox"/> Over \$100,000     |

All program expenses are paid for except for laundry, snacks, gifts, etc. If selected, will you need financial assistance to cover these incidental costs? yes no

If you apply for financial aid, will you be able to provide proof of need and family income? yes no

Enclose an essay of about 600 words, including the following:

1. Why do you want to participate in this program? What do you hope to gain from attending the Advanced Program in Technology and Science?
2. What are your past and current research activities, science fair projects, other science/math projects?
3. Discuss your present academic focus. What interests you most about each of the following fields: natural sciences, social sciences, mathematics, computer science?
4. What are your career plans? Do they include the study of science or technology? How so?
5. Any other comments, thoughts, experiences, or achievements you would like to share with us.

List the names and addresses of the two teachers who are submitting letters of recommendation on your behalf:

\_\_\_\_\_  
Name Mailing Address: (Address, City, State, Zip)

\_\_\_\_\_  
Name Mailing Address: (Address, City, State, Zip)

**PARENTAL CONSENT:** As the parent/guardian, I certify that my son/daughter/ward has my permission to participate in the project for secondary school students. It is my understanding that s/he will be subject to the regulations of the host institution and project.

\_\_\_\_\_  
Parent or Guardian Signature Date

\_\_\_\_\_  
Student Signature Date

**ALL APPLICATION MATERIALS SHOULD BE POSTMARKED BY April 30, 2010 FOR PRIORITY CONSIDERATION.**

### MEDICAL RELEASE AND INFORMATION

I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by phone, such medical treatment as deemed necessary by a competent medical doctor, is authorized. I authorize a physician or medical staff to carry out the necessary treatment, or to take (name of student) \_\_\_\_\_ to the emergency room of the nearest hospital for treatment, in the event that he/she should require medical attention. I authorize the hospital and its medical staff to provide treatment deemed necessary for his/her well being. I further agree to pay all costs for any treatment provided.

1. Does your child have any health conditions or special circumstances about which we ought to know?

Yes No If yes, please explain (list all medications/allergies):

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2. Does your child have any behavioral or disciplinary problems? Yes No

If yes, please list:

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3. Does your child have any allergies to food, medications or other items? Yes No

If yes, please explain:

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4. Name of Insurance Coverage: \_\_\_\_\_ Address: \_\_\_\_\_

Medical/Identification Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

5. Who is to be notified in case of an accident or medical emergency?

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

City, State & Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact if unable to reach parent/guardian:**

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

City, State & Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Must be signed by parent/legal guardian.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION** The Advanced Program in Technology and Science is a program at St. Cloud State University for 10<sup>th</sup> and 11<sup>th</sup> grade students. It is funded by St. Cloud State University.

St. Cloud State University will host a three-week residential program for 10<sup>th</sup> and 11<sup>th</sup> grade students who are interested in a future in technology, science, mathematics, or engineering.

The program will focus on scientific research for students from historically underrepresented groups and expose them to career options in technology and science. They will meet positive role models in these fields. Sessions will encourage professional mentor/mentee relationships.

We are seeking high-potential or high-ability students who are interested in a future in technology, science, mathematics or engineering. We are particularly interested in attracting minority, female, and disabled students. The program is open to all students, regardless of background.

\*\*\*\*\*High school seniors interested in summer opportunities should consider applying for the Advance Preparation Program through SCSU's Multicultural Student Services. This five week residential program will help you become more familiar with the SCSU campus, the St. Cloud community and college life. Contact them at 320-308-3003 or e-mail them at [mss@stcloudstate.edu](mailto:mss@stcloudstate.edu) or visit their web site at [stcloudstate.edu/mss](http://stcloudstate.edu/mss).

## COSTS

**Application fee for all participants is \$10 and is non-refundable.** All expenses related to tuition, academic fees, books and campus room and board will be provided. However normal out-of pocket living expenses for notebooks, calculators, snacks, laundry, recreation and other incidentals should be anticipated. Limited financial aid to cover these living expenses is available to students in need. Students accepted to this program are fully subsidized by the program's sponsors and some students may qualify for Minnesota summer scholarships as well. A copy of the current tax return (Form 1040 U.S. Individual Income Tax), which shows the adjusted gross income figure, must be submitted for income verification. The actual cost per student for this program is \$2,400.

Interested persons should contact:

Dr. Robert C. Johnson, Director  
Advanced Program in Technology and Science  
St. Cloud State University, Pre-College Programs  
720 4th Avenue South  
St. Cloud, MN 56301-4498  
Phone: (320) 308-2553; FAX: (320) 308-2554  
Application Deadline: April 30, 2010  
Notification Date: May 22, 2010

Website: <http://www.stcloudstate.edu/pipeline>

Where did you learn about the  
Advanced Program in Technology and  
Science?

\_\_\_\_\_ School  
\_\_\_\_\_ Relatives  
\_\_\_\_\_ Friends  
\_\_\_\_\_ MMEP  
\_\_\_\_\_ Other

## PARTICIPANT RESPONSIBILITY AND PROGRAM CONTRACT

I, \_\_\_\_\_, (hereinafter referred to as "Participant")  
(Full name of Student Participant)

and we, \_\_\_\_\_, and \_\_\_\_\_,  
Parent(s) or legal guardian(s) parent(s) or legal guardian(s)

as parent(s) or legal guardian(s) of the participant confirm that she/he will be a participant in Advanced Program in Technology and Science (hereinafter referred to as "APTS") to be held at St. Cloud State University and understand and agree to the following conditions of his/her participation:

Participant understands that the APTS is a three-week residential program.

Participant agrees to participate for the full duration of the project.

Participant will not take time out for other planned activities such as band, camp, cheerleading camp, or athletic programs.

Exceptions may be granted by the Director or the Director's designee for Special Award ceremonies if requested by parent or school officials in writing in advance of the program.

### SUMMER PROGRAM RULES FOR STUDENTS:

1. Will perform and complete research activities in a responsible and satisfactory manner.
2. Will attend all scheduled events, activities, and classes.
3. Will be respectful toward adults and fellow students.
4. Will be responsible in terms of assignments and activities.
5. Will be responsible in the use of the internet.
6. Will not engage in conduct that is harmful to others, the university, or other property.
7. Will not engage in smoking or alcohol consumption.
8. Will not leave program activities or the university campus without the knowledge and consent of the Director or the Director's designee.

### **PARENTS PLEASE NOTE THAT THIS PROGRAM IS NOT DESIGNED TO HANDLE DISCIPLINARY PROBLEMS, AND STUDENTS WHO DISRUPT THE PROGRAM OR WHO VIOLATE RULES WILL BE ASKED TO LEAVE.**

Participants and parents or guardians have read and understand the APTS rules, regulations, and policies. Participants and parents or guardians understand that possible sanctions for the violation of these rules include, but are not limited to: removal from the APTS residence hall, suspension from the APTS, and expulsion from the APTS. Unsuitable conduct that may result in the imposition of one or more of these sanctions includes, but is not limited to the following:

1. Disorderly conduct;
2. An action which is committed with disregard of the possible harm to an individual or group, or which results in an injury to an individual;
3. Use, possession, or delivery of any alcoholic beverages, firearms or other weapons, illegal drugs, and/or other illegal substances;
4. Violation of any rules of St. Cloud State University, the Minnesota State University System, municipal ordinances, laws of the State of Minnesota, or laws of the United States.

If the Director of the APTS or the Director's designee reasonably believes that participant's conduct is in violation of the APTS rules, regulations and policies, then participant should be removed from the APTS residence hall, suspended from the APTS, and/or expelled from the APTS. Participant will have an opportunity to fully discuss and explain the alleged misconduct to the Director or the Director's designee. This discussion will take place prior to the Director's or the Director's designee's final determination that the misconduct has indeed occurred and warrants the imposition of one or more of these sanctions. In all instances, the Director's or Director's designee's final determinations regarding any violation of the APTS rules, regulations and policies, and the imposition of sanctions shall be conclusive and binding.

If the Director or the Director's designee determines that participant must be removed from the APTS residence hall, every reasonable effort will be made to notify the Participant's parent(s) or guardian(s) prior to participant's removal from the residence hall. If participant's parent(s) or guardian(s) cannot be contacted prior to his/her removal from the residence hall, alternate living arrangements, in which participant will be under the supervision of a responsible adult, will be made until the parent(s) or guardian(s) is notified. In rare cases, the participant will be allowed to continue working on lab research with his/her professor and to attend only academic activities after having been removed from the APTS residence hall. Determination of this continuance will be made by the Director or the Director's designee.

Participant further agrees that in the extreme event that participant should be expelled for violating a provision of the APTS rules, regulations and policies, participant will not be entitled to a refund of any monies s/he paid, or due any further financial support or program benefits.

\_\_\_\_\_  
Student Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**(NOTE: This form is to be completed and signed by either parents or legal guardians if both are available.)**



- 4. How much support will the parent(s) or guardian(s) provide to ensure the student's success?  
Great Deal  Some  None  Unable to judge
- 5. How well do you think that the student will do in this program? If there are any weak areas, how would you strengthen these?
- 6. Please indicate below any general recommendations that you may have about the student or any special considerations of which we should be aware.
- 7. Please comment briefly on special interests, abilities, needs, or qualities of this student:

Name of teacher: (Please print) \_\_\_\_\_

Name of School and District number: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Subjects taught and grade level:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teacher signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Director: Robert C. Johnson, Ph.D.  
Host Institution: Pre-College Programs  
St. Cloud State University  
720 4<sup>th</sup> Avenue South  
St. Cloud, MN 56301-4498  
(320) 308-2553; Fax: (320) 308-2554

Project Date:  
July 18 – August 6, 2010

<http://www.stcloudstate.edu/pipeline>