

St. Cloud State University
SCIENTIFIC DISCOVERY PROGRAM

Student Application Form

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.
4. Participant Responsibility and Program Contract.

Dr. Robert C. Johnson, Project Director
 Scientific Discovery Program (SDP)
 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.**

Student's 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"/> <u>AFRICAN-AMERICAN</u>

<input type="checkbox"/> <u>AFRICAN</u>
(Please identify country of origin)

<input type="checkbox"/> <u>AMERICAN INDIAN</u>

<input type="checkbox"/> <u>WHITE</u> | <p style="text-align: center;"><u>ASIAN</u></p> <input type="checkbox"/> Cambodian
<input type="checkbox"/> Chinese-American
<input type="checkbox"/> Hmong
<input type="checkbox"/> Korean-American
<input type="checkbox"/> Laotian
<input type="checkbox"/> Vietnamese-American
<input type="checkbox"/> Other (Please list) _____

<input type="checkbox"/> _____ | <p style="text-align: center;"><u>MULTIRACIAL BIRACIAL</u></p> <input type="checkbox"/> Black-White
<input type="checkbox"/> Am.Indian-White
<input type="checkbox"/> Latino-White
<input type="checkbox"/> Asian-White
<input type="checkbox"/> Black-Indian
<input type="checkbox"/> Latino-Indian
<input type="checkbox"/> Other (Please list) _____

<input type="checkbox"/> _____ |
|---|--|--|

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

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 she/he should require medical attention. I authorize the hospital and its medical staff to provide treatment deemed necessary for her/his 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 medications/allergies):

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

If yes, please explain: _____

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

If yes, please explain: _____

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: _____ Relationship: _____

City, State & Zip _____

Relationship: _____ Phone Numbers: _____

Email address: _____ Cell Phone Number: _____

Emergency contact if unable to reach parent/guardian:

Name: _____ Relationship: _____

Address: _____

City, State & Zip _____

Relationship: _____ Phone Numbers: _____

Email address: _____ Cell Phone Number: _____

To be signed by parent/legal guardian.

Parent/Legal Guardian's Signature

Date

ADDITIONAL INFORMATION The SCIENTIFIC DISCOVERY PROGRAM is a program at St. Cloud State University for 9th and 10th grade students. It is funded by St. Cloud State University.

St. Cloud State University will host a four-week residential program for ninth and tenth-grade students to expose them to the disciplines of biology, chemistry, computer science, mathematics and statistics, environmental science, and social science (ethnic studies).

The program will teach scientific research skills using a "Science-Technology-Society" approach. This approach examines the impact of scientific and technological developments on society, groups of people, and the environment. It also studies the ways in which human activity affects and shapes science and technology.

Field trips, career awareness, and recreational activities are a part of the program.

We are seeking high-potential or high-ability students with the interest and motivation to study science and mathematics in an intensive way. We are particularly interested in attracting minority, female, and disabled students. The program is open to all students regardless of background.

COSTS

Application fee for all participants is \$10 and is nonrefundable. 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, and recreation 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 Return), which shows the adjusted gross income verification, must be submitted for income verification. The actual cost per student for this program is \$3,200.

Interested persons should contact:

Dr. Robert C. Johnson, Director
Scientific Discovery Program
St. Cloud State University
Pre-College Programs
720 4th Avenue South
St. Cloud, MN 56301-4498

Phone: (320) 308-2553

FAX: (320) 308-2554

Email: precollegeprograms@stcloudstate.edu

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

Application Deadline: **April 30, 2010**

Notification Date: **May 22, 2010**

Where did you learn about the
Scientific Discovery Program?

- _____ School
- _____ Relatives
- _____ Friends
- _____ MMEP
- _____ Other

PARTICIPANT RESPONSIBILITY AND PROGRAM CONTRACT

I, _____, (hereinafter referred to as "Participant").
(Full name of Student Participant)

and we, _____, and _____, as parent(s) or legal guardian(s) of participant, confirm that she/he will be a participant in the **Scientific Discovery Program** (herein after referred to as "SDP") to be held at St. Cloud State University and understand and agree to the following conditions of his/her participation:

Participant understands that the SDP is a five-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 attend all scheduled events, activities, and classes.
2. Will be respectful toward adults and fellow students.
3. Will be responsible in terms of assignments and activities.
4. Will be responsible in the use of the internet.
5. Will not engage in conduct that is harmful to others, the university, or other property.
6. Will not engage in smoking or alcohol consumption.
7. 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 SDP 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 SDP residence hall, suspension from the SDP, and expulsion from the SDP. 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 SDP or the Director's designee reasonably believes that participant's conduct is in violation of the SDP rules, regulations and policies, then participant should be removed from the SDP residence hall, suspended from the SDP, and/or expelled from the SDP. 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 or Director's designee's final determinations regarding any violation of the SDP 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 SDP 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 SDP 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 SDP 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.

Signature of Student Participant

Date

Signature of Parent or Legal Guardian

Date

Signature of Parent of Legal Guardian

Date

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

4. How much support will the parent or guardian 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 the student has weak areas, how would you strengthen these?
6. We believe that in order to make this program a success, the teachers of our participants must be involved in support of the students. Would you be willing to provide an opportunity for him/her to present a research paper to a class or science club during the academic year following this program?
Yes _____ No _____
7. Please indicate below any general recommendations that you may have about the student or any special considerations that you feel we should be aware of.
8. 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 and grade level(s) taught:

Teacher's signature: _____ Date: _____

Project Director: Robert C. Johnson, Ph.D. Project Date: July 11- August 6, 2010
Host Institution: Pre-College Programs
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720 4th Avenue South
St. Cloud, MN 56301-4498
Phone: (320) 308-2553; Fax: (320) 308-2554