

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

July 11, 2021 – July 30, 2021
Student Application Form

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.
5. Check or money order for \$3,000 (if student does not qualify for reduced rate).

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 June 30, 2021 will be considered only if openings are available. Acceptance notices will be mailed to applicants after May 31, 2021. **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 2020-2021 school year) _____

Sex: Female _____ Male _____ MARSS #(if from Minnesota): _____

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)

<hr/> <input type="checkbox"/> <u>AMERICAN INDIAN</u>
Or Native Alaskan
<input type="checkbox"/> <u>WHITE</u> | <input type="checkbox"/> <u>ASIAN</u>
<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"/> Native Hawaiian
<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Other (Please list)

<hr/> | <input type="checkbox"/> <u>LATINO/HISPANIC</u>
<input type="checkbox"/> Mexican-American
<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Central American
<input type="checkbox"/> South American
<input type="checkbox"/> Other (Please list)

<hr/> | <input type="checkbox"/> <u>MULTIRACIAL BIRACIAL</u>
<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)

<hr/> |
|---|---|---|--|

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

List non-science activities and/or awards.

List hobbies and major interests:

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 |

Is your family eligible for Free or Reduced lunches: Yes No

If, yes include with your application documentation verifying eligibility such as: Qualification/ eligibility letter from school or most current tax return or other documentation that verifies you meet the criteria for the free or reduced lunch program.

If selected, will you need financial assistance to cover participation costs and incidentals such as laundry, snacks, gifts, etc.?
yes no

If you apply for financial assistance, 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 is your career plan? 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 May 1, 2021 FOR PRIORITY CONSIDERATION.

Advanced Program in Technology and Science

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 wellbeing. 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):

2. Does your child have any behavioral or disciplinary problems? Yes No
If yes, please list:

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: _____ 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 9th, 10th and 11th grade students. It is funded by St. Cloud State University.

St. Cloud State University will host a three-week residential program for 9th, 10th and 11th 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. **There is limited space and the selection of students will be based on their essays, teacher recommendations, and grades.**

*****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 or visit their web site at <https://www.stcloudstate.edu/mss>

COSTS

The cost for this program is \$3,000. There is a \$10 application fee for all participants which is non-refundable. This covers all expenses related to tuition, academic fees, books and campus room and board. However, normal out-of-pocket living expenses for notebooks, calculators, snacks, laundry, recreation and other incidentals should be anticipated.

A Sliding scale fee based on income can be applied as long as the parents provide the requested paperwork (Form 1040 U.S. Individual Income Tax Return 2019 or 2020). **Students from Minnesota** may qualify for the Minnesota Office of Higher Education scholarship. A copy of the current tax return (Form 1040 U.S. Individual Income Tax Return 2019 or 2020), which shows the adjusted gross income figure, must be submitted for income verification. If the applicant qualifies for Free/Reduced Lunch, they can submit the documentation verifying eligibility in lieu of the tax return.

If your child qualifies for the Free and Reduced Lunch Program or meets income eligibility requirements, they may qualify for a scholarship from the **Minnesota Office of Higher Education**. These scholarships are awarded on a first-come, first-served basis. You must be a **Minnesota Resident** in order to qualify for this scholarship. These scholarships help subsidize some of the cost to our program. To apply for this scholarship, submit the following information early.

1. Child's MARSS Number _____
2. Free or Reduced Lunch Documents or Federal Tax Return.

Interested persons should contact:

Debbie Beumer, Program Manager
Online Advanced Program in Technology and Science
St. Cloud State University, Pre-College Programs 720
4th Avenue South, HH120
St. Cloud, MN 56301-4498
Phone: (320) 308-2553; FAX: (320) 308-2554
Application Deadline: May 1, 2021
Notification Date: after May 15, 2021
Website: <https://www.stcloudstate.edu/pipeline>

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



Advanced Program in Technology and Science
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, or the university.

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.)

Advanced Program in Technology and Science Teacher Recommendation Form

INSTRUCTIONS: This form is part of the application of each student who wishes to apply to participate in the program. It is to be filled out by a science or mathematics teacher and submitted directly to the Project Director. For first priority, the Director must receive the form by June 30, 2021.

Dear Teacher:

Your time and effort in answering the following questions will be greatly appreciated. All information will be kept in strict confidence.

Student's last name First Middle

Female Male

1. Please rate the student in the following areas:

QUALITY	EXCELLENT	GOOD	FAIR	POOR	INADEQUATE INFORMATION
Scholarship					
Ability to work with other students					
Seriousness of Student					
Ability to work independently					
Industry/Motivation					
Willingness to cooperate					
Discipline					
Behavior					
Respect for adults					
Attitude toward learning					
Ability to successfully complete a long term project					
Interest in Math					
Interest in Science					

Does the student have a "C" or better average in science or math in the latest grading period? Yes No
 If yes, please provide the most recent grade in: MATH_____ SCIENCE_____ TECHNOLOGY_____

2. In summary, applicant is:
- Highly recommended _____ Recommended _____
- Questionable _____ Not recommended_____
3. Please characterize both the student's performance in science and math classes as well as his/her potential in science and mathematics. (Please use additional sheets if necessary.)

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: _____

Program Manager:
Host Institution:

Debbie Beumer
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Program Dates:
July 11 – July 30, 2021

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