

St. Cloud State University
Multidisciplinary Summer Program in USA Culture, Life, Science and Technology
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 humanities or English teachers.
3. An essay on why student desires to attend this program (400 words).
4. Participant Responsibility and Program Contract.

Dr. Robert C. Johnson, Project Director
 Ms. Elizabeth Valencia-Borgert, MBA, Project Coordinator
 Multidisciplinary Summer Program in USA Culture, Life, Science and Technology
 Center for Continuing Studies
 St. Cloud State University, Pre-College Programs
 720 4th Avenue South
 St. Cloud, MN 56301-4498;
 Tel: (320) 308-0955; Fax: (320) 308-4126

Applications sent after **deadline** will be considered only if openings are available. Acceptance notices will be mailed to applicants after **May 15, 2020**.

PLEASE SUBMIT ALL REQUIRED APPLICATION AND SUPPORTING DOCUMENTATION TO:
global@scsutraining.com

Name: _____
Last First Middle Initial

Permanent Home Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: (____) _____ Age of Student: _____ School: _____

Current Grade (as of 2019-2020 school year) _____ Sex: Female ____ Male ____

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: _____

List arts and theater activities and/or awards. (Attach additional sheets if necessary)

List non-arts activities and/or awards.

List hobbies and major interests:

All program expenses are paid for except for the cost of acquiring travel documents (passport, visa, etc.), transportation to the Minneapolis-St. Paul International Airport in Minnesota), laundry, snacks, gifts, etc.

Enclose an essay of about 400 words, including the following:

1. Why do you want to participate in this program? What do you hope to gain from attending this Program?
2. Discuss your present academic focus. What subject you are most interested at school.
3. 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, 2020 FOR PRIORITY CONSIDERATION.

**Multidisciplinary Summer Program in USA Culture, Life, Science and Technology
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/allergies):

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 Company: _____ Address: _____
Medical/Identification Number: _____ Group Number: _____
Name of policy holder: _____ Phone number of Insurance Company in the USA: _____

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 Multidisciplinary Summer Program in USA Culture, Life, Science and Technology

St. Cloud State University is offering a four-week, Multidisciplinary summer program to study aspects of US life, society and culture for international students. It is designed to allow an individualized or small group experience of studying and exploring areas of life and culture in the United States. Students reside in and utilize university facilities. Students interact with university faculty and staff, and are supervised by university students, faculty, and staff. Students will interact with American counterparts.

English-language learning opportunities, field trips, cultural activities, recreational events, social interactions and in-depth scholarly/scientific research experience are the core of this experience. Areas of study can include fine arts, social studies, the humanities, science and technology, and computer fields. Students will work with state-of-the-art equipment and well-informed professors. Students will be in programs with highly motivated and high achieving students from both abroad and the United States. All programs and activities are conducted in English. Intensive English-learning support is available for students who would like to improve their English language skills

Eligibility requirements are the following: age 15 and 19 years old; secondary student in academic good standing; valid passport; eligible for visa for summer study; letters of recommendations and an application and short essay on interest in this program.

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 covered by the program fee of \$4,000.00. The cost of acquiring travel documents (passport, visa, etc.), transportation to the Minneapolis-St. Paul International Airport in Minnesota) is also the responsibility of the applicant’s family. In addition, normal out-of-pocket living expenses for notebooks, calculators, snacks, laundry, recreation and other incidentals should be anticipated.

The cost of this program is US\$4,000 per student.

Interested persons contact

Elizabeth Valencia-Borgert, MBA

Center for Continuing Studies

Multidisciplinary Summer Program in USA Culture, Life, Science and Technology Program

global@scsutraining.com

St. Cloud State University

720 4th Avenue South

St. Cloud, MN 56301-4498

Phone: (320) 308-0955; FAX: (320) 308-4126)

Application Deadline: April 30, 2020

Notification Date: May 15, 2020

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

Where did you learn about the Multidisciplinary Summer Program?

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

Multidisciplinary Summer Program in USA Culture, Life, Science and Technology

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 the Multidisciplinary Summer Program in USA Culture, Life, Science and Technology Program (hereinafter referred to as "MSP") to be held at St. Cloud State University and understand and agree to the following conditions of his/her participation: Participant understands that the MSP is a Four-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, drugs, 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 MSP rules, regulations, and policies.

Participants and parents or guardians understand that possible sanctions for the violation of these rules includes, but are not limited to removal from the MSP residence hall, suspension from the MSP, and expulsion from the MSP. 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.

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 Participant Responsibility and Program Contract
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If the Director of the MSP or the Director's designee reasonably believes that participant's conduct is in violation of the MSP rules, regulations and policies, then participant should be removed from the MSP residence hall, suspended from the MSP, and/or expelled from the MSP. 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 MSP 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 MSP 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 MSP 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.)

Multidisciplinary Summer Program in USA Culture, Life, Science and Technology
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 teacher and submitted directly to the Project Director. For first priority, the Director must receive the form by deadline.

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 | | | | | |
| Understanding of spoken English | | | | | |
| English speaking skills | | | | | |
| English language writing skills | | | | | |
| English language reading skills | | | | | |

2. In summary, applicant is: Highly recommended _____ Recommended _____
Questionable _____ Not recommended _____

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, Country: _____

Subjects taught and grade level:

Teacher signature: _____

Date: _____

Program Coordinator: Ms. Elizabeth Valencia-Borgert, MBA

Project Director: Dr. Robert C. Johnson

Host Institution: Center for Continuing Studies

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Program Dates:

July 5 – July 24, 2020

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