

St. Cloud State University  
**SCIENTIFIC DISCOVERY PROGRAM**

**Student Application Form**

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

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 the **deadline**, will be considered only if openings are available. Acceptance notices will be mailed to applicants by mid May. **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 this 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:

☐ **AFRICAN-AMERICAN**

☐ **AFRICAN**  
(Please identify  
country of origin)

☐ **AMERICAN INDIAN**

**ASIAN**

- ☐ Cambodian  
☐ Chinese-American  
☐ Hmong  
☐ Korean-American  
☐ Laotian  
☐ Vietnamese-American  
☐ Other (Please list) \_\_\_\_\_

**LATINO/HISPANIC**

- ☐ Mexican-American  
☐ Puerto Rican  
☐ Central American  
☐ South American  
☐ Other (Please list) \_\_\_\_\_

**MULTIRACIAL  
BIRACIAL**

- ☐ Black-White  
☐ Am.Indian-White  
☐ Latino-White  
☐ Asian-White  
☐ Black-Indian  
☐ Latino-Indian  
☐ Other (Please list) \_\_\_\_\_

☐ **WHITE**

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     |

**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

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 400 words, including the following:

1. Why do you want to participate in this program? What do you hope to gain from attending the Scientific Discovery Program?
2. Discuss your present academic focus. What interests you most about each of the following fields: natural sciences, social sciences, mathematics, computer science?
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:

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Name	Mailing Address: (Address, City, State, Zip)
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Name	Mailing Address: (Address, City, State, Zip)
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**PARENTAL/GUARDIAN 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.

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Parent or Guardian Signature

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Date

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Student Signature

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Date

**ALL APPLICATION MATERIAL SHOULD BE POSTMARKED BY the deadline 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 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):

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

If yes, please explain: \_\_\_\_\_

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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: \_\_\_\_\_ 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 9<sup>th</sup> and 10<sup>th</sup> 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 \$4,000.

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](mailto:precollegeprograms@stcloudstate.edu)

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

Application Deadline: **See website**

Notification Date: **mid May**

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.

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Signature of Student Participant

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Date

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Signature of Parent or Legal Guardian

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Date

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Signature of Parent of Legal Guardian

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Date

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

**SCIENTIFIC DISCOVERY PROGRAM**  
**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 **the deadline listed on the website.**

Dear Teacher:

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

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Student's Last Name First Middle Initial

☐ 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					

2. 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\_\_\_\_\_

3. In summary, applicant is:    ☐ Highly recommended      ☐ Recommended  
   ☐ Questionable                      ☐ Not recommended

4. 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.)

5. How much support will the parent or guardian provide to ensure the student's success?  
☐ Great Deal   ☐ Some   ☐ None   ☐ Unable to judge
6. How well do you think that the student will do in this program? If the student has weak areas, how would you strengthen these?
7. 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
8. 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.
9. 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:

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Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Director: Robert C. Johnson, Ph.D.  
Host Institution: Pre-College Programs  
525 Building  
St. Cloud State University  
720 4<sup>th</sup> Avenue South  
St. Cloud, MN 56301-4498

Project Date: see website

Phone: (320) 308-2553; Fax: (320) 308-2554  
e-mail: [precollegeprograms@stcloudstate.edu](mailto:precollegeprograms@stcloudstate.edu)  
Website: <http://www.stcloudstate.edu/pipeline/>