

**Go STEM: How It Works**

**Summer Institute**

**Application**

Please PRINT all information Summer 2016

**Students who are currently in grades 6, 7, and 8 are eligible for this institute.**

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| Student Demographic Information    Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Grade\_\_\_\_\_    Home Phone(\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_    **Physical Address: Mailing Address** □ **Same as physical address**    Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street (if different)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip\_\_\_\_\_\_\_\_    Ethnicity (optional):  □American Indian or Alaska Native □Asian □Black or African American □Native Hawaiian or other Pacific Islander □White    Student’s Primary Language (if other than English): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Current School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian Information  **1st Parent/Guardian 2nd Parent/Guardian**    Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Address □ **Same as Student** (if different, enter below) Address □ **Same as Student** (if different, enter below)    Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Home Phone □ **Same as Student** (\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_ Home Phone □ **Same as Student** (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_\_    Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_)\_\_\_\_-\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Workplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone (\_\_\_)\_\_\_\_-\_\_\_\_\_ Workplace\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone (\_\_\_)\_\_\_\_-\_\_\_\_\_\_    Parent type □ biological □ grandparent □ aunt/uncle Parent type □ biological □grandparent □aunt/uncle  □ stepparent □ Legal Guardian □ foster parent □ stepparent □ Legal Guardian □ foster parent |

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| Medical Information/Emergency Contacts    **We must have a contact number at all times. If there is an emergency, it is important that we be able to reach you.** □ In an emergency, I/we authorize the staff of the Go STEM: How It Works Summer Institute to seek medical assistance for the student if I/we cannot be reached    Doctor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any Medical Alerts? (Please list on lines below)    Doctor’s phone (\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    If you cannot be reached in an emergency who should we contact to get your child home or under medical care (list three)    Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_)\_\_\_\_-\_\_\_\_\_\_ Relation to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone (\_\_\_)\_\_\_\_-\_\_\_\_\_\_    In addition to the emergency contacts listed on the other side, list all individuals who have permission to pick up the student from school.  The Go STEM: How It Works Summer Institute staff must be ***notified in writing*** if there are any changes to this list.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      If there is anything “medically special” about your child we should know about (such as asthma, allergies, bee sting reactions, special diet, diabetes, medication for seizures or hyperactivity, heart conditions, physical limitations, etc) please list them here:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Does the child have special needs? □ No □ Yes (if Yes, student receives □ Special Education □ 504 Plan) |

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| Permissions/Releases   I hereby give permission to Go Green and its sponsoring organizations for the following:   * My student can attend any field trips sponsored by the Go STEM: How It Works Summer Institute.      * My child can be included in any media releases including print and web based media pertaining to the * Go STEM: How It Works Summer Institute. * The CDO STEM Leadership Council can have access to student performance and career plan data from my child’s school (such as courses taken, report card and assessment results, and college/career plan information) for the purposes of a long term study of the effectiveness of the program and its ability to reach its intended outcomes.   Parent/ Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ |

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| Student Interest Information  Please list any hobbies, interests and extracurricular activities in which you participate.        What are your strengths?        Are you considering a career in a science, math or engineering related field?    1 2 3 4 5  No Chance Maybe Absolutely      Please list any careers that you are considering.        Please write a response to one of the prompts below in 250 words or less. Please type your response and attach it to your application.     1. Why would you make a good scientist, mathematician, or engineer?      1. If you could invent something to make the world “greener,” what would you invent?      1. If you could invite a famous scientist, mathematician, or engineer for dinner; who would you invite, why, and what questions would you ask? |

*To complete the 2016 Go STEM: How It Works Summer Institute application process, please provide one letter of reference from a* ***Science*** *teacher. Attach the letter to your application.*

**Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

# Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

**This application needs to be returned by June 1, 2016 to:**

Kevin Johnson - CDO STEM Council Member

Oneonta City School District

31 Center Street

Oneonta NY 13820

**Cost:** $60 (lunch included)

**Please make your check payable to:** *The Research Foundation of SUNY*

**Do not send in a check until you receive an acceptance letter.**

**Payment assistance will be available to those in need.**