***STUDENTS AND TEACHERS AS RESEARCH SCIENTISTS***

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**Sponsored by:**

LMI Aerospace Inc./D3 Technologies, Hellenic Spirit Foundation,

Office of the Chancellor-UMSL, Saint Louis University, Washington University,

Solae LLC, Green Foundation, Monsanto Co., and the Academy of Science of St. Louis

**In Partnership with:**

Donald Danforth Plant Science Center, Saint Louis University, Solae LLC,

Washington University, and the University of Missouri-St. Louis

**2012 STUDENT APPLICATION**

Most correspondence from STARS will be sent via E-MAIL.

**DEADLINE:** MUST be emailed or postmarked by March 28 (to be completed by applicant; **preferably typed**).

**I. A. Your full name (Last, First, Middle)**: enter text

  *(This will be used for all graduation certificates, programs and directories. Please provide pronunciation where helpful*).

 **What first name would you like to be called during the program:**  enter text

 **Your e-mail for this spring and summer (*check e-mail daily*):** enter text

 **Your cell phone number for this spring and summer**: enter text

 **B. Home address** (street**/**city/state/zip): enter text **Home** **Phone**: enter text

 **Name of high school**: enter text **Phone**: enter text

 **Principal or Chief School Administrator:**  enter text **Their E-Mail**: enter text

 **School address** (street**/**city/state/zip): enter text

 **C. Sex** : Female  Male **U.S. citizen**:  Yes No **Age**: enter text **Grade level**: 10th 11th

 **Ethnic background** (optional): African-American  Native American or Alaskan  Asian or Pacific Islander

 Hispanic White, Non-Hispanic Other enter text

 **Do you have any significant medical condition(s) of which the faculty and staff should be aware?** Yes No

 **If yes, please describe**: enter text

 **D. Do you have comprehensive accident and health insurance?** Yes No **Company**: enter text

 **E.** **Name(s) of parent(s) or guardian(s):**  enter text

 **Preferred e-mail(s)**: enter text **Preferred phone**: enter text

 **F. Pre-collegiate programs attended: (e.g., Missouri Scholars Academy)**  enter text

**II. 1. Indicate the level of your current interest in science and mathematics**:

  **I am committed to a career in science and/or math.**

 ** I am highly interested in science and/or math.**

 ** I am moderately interested in science and/or math.**

 ** I could be convinced to be interested in science and/or math.**

 ** I like science and/or math but I am currently more interested in:**  enter text

 **Comments**: enter text

 **2. What are your long-range career goals:** enter text

 3. **List activities (outside of regular class work) that reflect your interests. Include hobbies. Consider activities**

 **based on problem solving or creative efforts: math, science, computer projects; participation in science fairs,**

 **JSEHS, MJAS, or JETS; badges in 4-H and Scouts; attendance at science or math programs; etc.**

enter text

 **4. Please list all courses completed. Be sure to include courses and grades for 1st and 2nd semesters of the**

 **academic year. You must request that your school attach a transcript.**

|  |  |  |
| --- | --- | --- |
| **9th Grade** | **10th Grade** | **11th Grade** |
| **Course** | Semester **Grade** | **Course** | Semester **Grade** | **Course** | Semester **Grade** |
| 1 | 2 | 1 | 2 | 1 | 2 |
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 **5. What is your cumulative grade point average in grades 9 through the last fall semester?** enter text /4.00

 **6. What topics in science/math interest you? Be as specific as possible.** enter text

 **7. How interested are you in writing research papers?**

 ** Not interested  Slightly  Moderately  Very  Strongly**

 **Comments:**  enter text

 **8. If you were allowed, in what area or on what problem would you like to investigate or do a research project?**

 enter text

 **9. How much time and effort are you willing to put into a research project of your own?** enter text

**10. List school organizations and activities in which you are involved. Mention leadership positions you have held.**

 enter text

**11.** **List awards, honors or recognition you have received in and/or out of school:** enter text

**12.** **List your top three career interests in order and give them a relative interest rating value of 1-100 points in relation to each other. Points must add up to 100.**

 1. enter text

 2. enter text

 3. enter text

**13. What is the highest post-high school degree to which you aspire? Please put a 1-100% confidence level in the appropriate blank:** enter text **A.A.;** enter text **B.S.;** enter text **M.S.;** enter text

 **Ph.D. (doctoral)** enter text **Other**

 **In what field(s)?** enter text

**14. Will you need a job this summer? Yes No If yes, how many hrs/week do you plan to work?**

enter text

 **What kind of job?** enter text **How much do you expect to clear (net) this summer?** $ enter text

**15. To what degree would you be interested in continuing your research project beyond this six-week program?**

 ** None at present  Very Little  Somewhat  Most Likely  Highly  Absolutely Certain**

**16. What is your t-shirt size?  Small  Medium  Large  X-large  XX-Large**

**17. Need vegetarian meals? Yes No Other special dietary needs?** ­­­­­­­­­­­­­­­­­­­­enter text

**18. Will you, without variance, commit yourself to the necessary time, including some evening hours, needed to satisfactorily participate in all academic and social activities that are part of the schedule of the STARS program? Yes No Statement of strength of commitment:** enter text

**19. Would you prefer an electronic or printed version of the STARS student directory?** ­­­­­­­­­­­­­­­­­­­­enter text

**20. Student Essay: Write a one-page essay on one of the following topics and attach it to this application.**

 **A. The science or mathematics research project that you would personally like to do.**

 **B. A particular problem in math or science that you feel needs to be addressed.**

 **C. Your relationship as an individual to society, science and/or technology.**

 **D. Something you feel is of particular importance or significance to society.**

**21. Students must submit all standardized test scores taken (PSAT, SAT, PACT, ACT, etc.) and at least one (1) letter of recommendation from a science teacher, counselor or principal.**

**APPLICATION INFORMATION TO BE SUBMITTED (*must* *include ALL nine*):**

1. **2012 application.**
2. **Complete transcript.**
3. **All standardized test scores taken (PSAT, SAT, PACT, ACT, etc.).**
4. **Student essay.**
5. **At least one (1) letter of recommendation from a science teacher, counselor, or principal that must include their**

**e-mail address.**

1. **List of mentor choices ranked one to seven.**
2. **Signed PERMISSION AND BINDING COMMITMENT AGREEMENT shown below.**
3. **Financial aid application (if needed).**
4. **A check made payable to UMSL for $75.00 for your non-refundable, application fee.**

 **PLEASE RETURN TO: 2012 STARS PROGRAM, 239 RESEARCH BUILDING**

 **UNIVERSITY OF MISSOURI-ST. LOUIS**

 **ONE UNIVERSITY BOULEVARD, ST. LOUIS, MO 63121-4400**

 **E-MAIL: MARESK@UMSL.EDU TEL: (314) 516-6522**

**PERMISSION AND BINDING COMMITMENT AND AGREEMENT FOR THE STARS PROGRAM**

We/I hereby grant permission, as parent or guardian of the student, enter full name, for his/her name to be placed in nomination for acceptance to the Students and Teachers As Research Scientists (STARS) hereafter known as Program. We also agree and attest to the following pertaining to the above-named student.

 1. We give permission for release of all pertinent school data to the STARS Program for the purpose of selecting students to attend the Program;

 2. We understand that transportation to and from the Program activities must be arranged by the student and/or family. We further understand that in case of problems of illness, disruptive behavior, or other unforeseen circumstances, we will be responsible for the transportation home at any time when Program officials deem such dismissal necessary for the benefit of the student or others in the Program;

 3. We affirm that the student does not use non-prescription addictive drugs, including alcohol and nicotine;

 4. We understand that it may be necessary for Program officials to obtain emergency medical assistance in case of accident or sudden illness. We further understand that, in case of accident or illness, we accept responsibility for costs of medical care over and above the limited care provided by Student Health Services. We hereby hold the Program and its agents and representatives harmless in the exercise of this authority;

 5. We agree to adhere to the rules and regulations of the Program concerning the responsibilities of the student to the activities of the Program. We understand that the Director has the right to dismiss at any time any student whose behavior is not consistent with the goals and standards of the Program;

 6. We understand that the student will have access to the internet computer network, and other similar information electronic networks and give consent for their use and accept all of the liabilities and responsibilities associated with the diversity of informational sources and resources associated with their use and possible misuse;

 7. We give permission for our student to be taken on field trips, on and off campus, and retain responsibility and liability for their welfare;

 8. We agree that the student will participate in the completion of questionnaires and other appropriate research projects done as part of the Program’s evaluation. We also agree that photographs, electronic imagery and sound of our student taken during the Program, papers written by him/her during the Program, and similar items may be used by the Program in reports, public information materials and on our website. We further agree to allow the Program to release for educational purposes photographs and video recordings, with or without audio, of activities and projects involving the student;

 9. We agree that so-called directory information about the student, including student’s name, address, cell phone number, school, year in school, and name(s), address(es) and phone number of parent(s) may be released at the discretion of the Program administrative staff; and

10. We understand that participation in the Program will require a substantial time commitment and are willing to make attendance and full participation at all academic and social activities a first priority.

We certify that the information on this application is complete and accurate and that we concur with these statements and will abide by the agreements and fulfill the commitments specified and implied by this application.

Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Date

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 Parent(s) / Legal Guardian(s) Date

**WITHOUT PARENTAL/LEGAL GUARDIAN CONSENT, THIS APPLICATION CANNOT BE PROCESSED.**

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