



**In Partnership with:**  
Donald Danforth Plant Science Center  
University of Health Science and Pharmacy  
Saint Louis University  
Washington University in St. Louis  
University of Missouri-St. Louis

**2022  
STUDENT  
APPLICATION**

*Fostering future scientists since 1989*

**Email your completed application and additional documents to [stars@umsl.edu](mailto:stars@umsl.edu) by 11:59pm on March 28<sup>th</sup>, 2022.**

- A. First Name: ENTER TEXT Pronounced: ENTER TEXT  
Middle Name: ENTER TEXT Pronounced: ENTER TEXT  
Last Name: ENTER TEXT Pronounced: ENTER TEXT  
Your current email: ENTER TEXT Your summer email: ENTER TEXT  
Birth Date (mm/dd/yyyy): ENTER TEXT Your cell phone number: ENTER TEXT  
Home Street: ENTER TEXT City/State/Zip: ENTER TEXT

*To indicate the pronunciation of your name, separate syllables with dashes and capitalize the stressed syllable:  
**First Name:** Cassandra (Ca - SAN - dra), **Last Name:** Mudasanee (Moo - dah - SAY - knee).  
Or try a rhyming word: Ngoc (sounds like “knock”); Lamagna (sounds like “lasagna”)*

- B. Full High School Name: ENTER TEXT  
City/State/Zip: ENTER TEXT  
Principal: ENTER TEXT Email (MANDATORY): ENTER TEXT

- C. Gender:  Female  Male  Trans/Nonbinary

Age: ENTER TEXT

- D. What is your ethnicity?

E. What is your racial background? Please check one or more that apply:

- American Indian or Native Alaskan       Hawaiian/Pacific Islander  
       White/Caucasian

F. Emergency Contact Details (check appropriate box):  Parent  Guardian

First Name: ENTER TEXT

Last Name: ENTER TEXT

Full Address (indicate "Same as Student" if appropriate): ENTER TEXT

1<sup>st</sup> Phone #: ENTER TEXT

2<sup>nd</sup> Phone #: ENTER TEXT

Email: ENTER TEXT

G. Do you have any significant medical condition(s) that faculty and staff should be aware of?

- Yes  No

If yes, please describe in detail: ENTER TEXT

H. Do you have comprehensive accident and health insurance?

- Yes  No Company: ENTER TEXT

I. Pre-collegiate program(s) attended: (e.g., Missouri Scholars Academy)

J. 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

K. What are your long-range career goals: ENTER TEXT

L. List activities (outside of regular class work) that reflect your interests. Include hobbies. Consider activities based on problem solving or creative efforts: mathematics, 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**

M. What is your cumulative grade point average in grades 9 through the last fall semester?

**ENTER TEXT**  4.0 scale  5.0 scale

**ENTER TEXT**

O. How interested are you in writing research papers?

Not interested  Slightly  Moderately  Very  Strongly

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

**ENTER TEXT**

Q. How much time and effort are you willing to put into a research project of your own?

**ENTER TEXT**

R. List school organizations and activities in which you are involved. Include leadership positions you have held.

**ENTER TEXT**

S. List awards, honors or recognition you have received in and/or out of school:

**ENTER TEXT**

T. 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.

a. **ENTER TEXT**

b. **ENTER TEXT**

c. **ENTER TEXT**

U. What is the highest post-high school degree to which you aspire? Please include a 1-100% confidence level with each:

a. A.S.; **ENTER TEXT**

b. B.S.; **ENTER TEXT**

c. M.S.; **ENTER TEXT**

d. Ph.D. (doctoral) **ENTER TEXT**

e. Other **ENTER TEXT**

f. In what field(s)? **ENTER TEXT**

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

None at present

Very Little

Yes  No

State the strength of your commitment: **ENTER TEXT**

X. What size t-shirt do you prefer?

Y. Student Essay: Type a one-page essay on one of the following topics.

- a. The science or mathematics research project that you would personally like to do.
  
- c. Your relationship as an individual to society, science and/or technology.
- d. Something you feel is of particular importance or significance to society.

Z. Recommendation Letter: You must follow the instructions on the STARS Recommendation form on the last page below. **Your application will not be processed before receiving this information from your science teacher, counselor or principal.**

AA. Mentor Selection: Indicate the names below of your top ten choices for mentor, ranked in order of priority (based on details listed in the 2022 Mentor Selection List available on the STARS website). We will make every effort to place you with one of these five choices. However, be aware that this may not always be possible.

1. ENTER TEXT
2. ENTER TEXT
3. ENTER TEXT
4. ENTER TEXT
5. ENTER TEXT
6. ENTER TEXT
7. ENTER TEXT
8. ENTER TEXT
9. ENTER TEXT
10. ENTER TEXT

The complete application package must include all items listed below:

- \$50.00 non-refundable, application fee.
- 2022 application (pages 1 – 5 above).
- Signed permission and binding commitment and agreement (pages 7 – 8 below).
- Your complete school transcript.
- Your one-page essay (Item Y. above).
- Letter of recommendation from a high school science instructor, math instructor, or school counselor (page 9 below).
- Financial aid application (if requesting aid).

**PLEASE RETURN TO:**  
**STARS Program**  
[stars@umsl.edu](mailto:stars@umsl.edu)

# **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 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. Only three UNEXCUSED days are allowed. If there are four unexcused days, dismissal from the program will occur. Health issues or a death in the family are the only exceptions.**
2. We give permission for release of all pertinent school data to the STARS Program for the purpose of selecting students to attend the Program;
3. 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;
4. We affirm that the student does not use non-prescription addictive drugs, including alcohol and nicotine;
5. 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;
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) or guardian(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 our 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.

Signature: \_\_\_\_\_  
Student Date

Signature(s): \_\_\_\_\_  
Parent(s) / Legal Guardian(s) Date

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





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## RECOMMENDATION

*Applicant:* Please complete section A below before giving this form to your science teacher, counselor, or principal. *Recommender:* Please complete section B and email this form and the requested letter to [stars@umsl.edu](mailto:stars@umsl.edu) by **11:59pm, March 28, 2022**.

### Section A:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Please rate this applicant relative to your other students:

	<b>Poor</b> Lowest 50%	<b>Fair</b> Next Highest 20%	<b>Good</b> Next Highest 20%	<b>Excellent</b> Next Highest 5%	<b>Outstanding</b> Highest 5%	Unable to Judge this Student
Academic Performance						
Intellectual Potential						
Motivation to conduct STEM research						
Ability to use independent judgment						
Ability to follow protocol and procedures						
Ability to work well in a group						
Dependability and reliability						

**On an attached sheet, please comment on this applicant's academic strengths and weaknesses, giving your estimate of their potential for successful study and research. Please comment on other scholarly factors that bear on the applicant's ability to complete this program.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_