

**2018 STARS Program Student Application**

**STEPS TO COMPLETE APPLICATION:**

**STEP 1: CLICK ‘SAVE AS’ TO SAVE THIS DOCUMENT IN MICROSOFT WORD. OPEN THE DOCUMENT AND CLICK ‘VIEW’ THEN CLICK ‘EDIT DOCUMENT’ AT THE TOP OF THE PAGE. PLEASE FILL IN APPLICATION USING MICROSOFT WORD.**

**STEP 2: PRINT COMPLETED APPLICATION AND ALL OTHER REQUIRED DOCUMENTS**

**STEP 3: THE STUDENT APPLICANT AND PARENT/LEGAL GUARDIAN MUST SIGN, BY HAND, THE STARS PROGRAM TERMS AND AGREEMENT FORM USING BLUE OR BLACK INK. WITHOUT PARENTAL/LEGAL GUARDIAN CONSENT THIS APPLICATION CANNOT BE PROCESSED.**

**STEP 4: MAKE SURE THAT YOU HAVE ALL THE REQUIRED DOCUMENTS AND THAT YOUR APPLICATION IS COMPLETE THEN MAIL YOUR APPLICATION PACKAGE TO THE**

**STARS PROGRAM OFFICE LOCATED AT:**

**STARS OFFICE**

**238 RESEARCH BUILDING**

 **UNIVERSITY OF MISSOURI-ST. LOUIS**

 **ONE UNIVERSITY BLVD.**

**ST. LOUIS, MO 63121-4400**

**PLEASE NOTE THAT YOUR COMPLETE PACKAGE MUST BE RECEIVED, AND YOUR $80.00 NONREFUNDABLE APPLICATION FEE PAID ONLINE, BETWEEN WEDNESDAY**

 **MARCH 1, 2018 AND SATURDAY MARCH 24, 2018.**

[**CLICK HERE**](https://apps.umsl.edu/webapps/ITS/Sales_and_events/register_options.cfm?event=79) **OR VISIT https://apps.umsl.edu/webapps/ITS/Sales\_and\_events/register\_options.cfm?event=79 TO PAY THE REQUIRED $80.00 STUDENT APPLICATION FEE BY CREDIT/DEBIT CARD. THIS FEE IS NONREFUNDABLE.**

**IF YOU HAVE QUESTIONS PLEASE CONTACT STARS PROGRAM DIRECTOR DR. KENNETH R. MARES AT** **MARESK@UMSL.EDU** **OR (314) 516-6155.**

 

**2018 STARS Program Student Application**

 A. First Name: **ENTER TEXT** Pronounced: **ENTER TEXT**

Middle Name: **ENTER TEXT**  Pronounced: **ENTER TEXT**

Last Name: **ENTER TEXT** Pronounced: **ENTER TEXT**

 **Example: First Name**: Cassandra (Pronounced: Ca - SAN - dra)

 **Last Name:** Mudasanee (Pronounced: Moo – dah – SAY – knee)

 Your Primary e-mail: **ENTER TEXT** Your Secondary/Summer e-mail: ENTER TEXT

 Birth Date (mm/dd/yyyy): ENTER TEXT Your Phone Number: ENTER TEXT

 Home Street: ENTER TEXT City/State/Zip: ENTER TEXT

 B. Full High School Name: ENTER TEXT

 City/State/Zip: ENTER TEXT

 Principal: ENTER TEXT Their e-mail **(MANDATORY):** ENTER TEXT

 C. I identify as: Female Male U.S. CITIZEN: Yes No AGE: ENTER TEXT

 D. What is your ethnicity? Hispanic or Latino Non-Hispanic or Non-Latino

 E. Which of the following do you consider to be your racial background? Please check one or more that apply:

 American Indian or Native Alaskan Asian (includes Chinese, Filipino, Japanese, Korean, Thai and Asian Indian)

 Black/African-American Asian (other)

 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

 1st Phone #: ENTER TEXT 2nd Phone #: ENTER TEXT E-mail: 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) ENTER TEXT

 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. (a). What are your long-range career goals? ENTER TEXT

K (b). What is your educational goal? (Please choose one)

 [ ]  Medical school

[ ]  MD/PhD Program

 [ ]  Graduate School

[ ]  Other: ENTER TEXT

 [ ]  Unknown

 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 /4.00

 N. What topics in science and/or math interest you? Be as specific as possible. ENTER TEXT

 O. How interested are you in writing research papers? Not interested Slightly Moderately Very Strongly



 Comments: ENTER TEXT

 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. Mention 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.

 1. ENTER TEXT 2. ENTER TEXT 3. 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.S.; ENTER TEXT B.S.; ENTER TEXT M.S.; ENTER TEXT

 Ph.D. (doctoral) ENTER TEXT Other ENTER TEXT

 In what field(s)? ENTER TEXT

 V. 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

 W. 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

 X. 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 STARS program schedule? Yes No State the strength of your commitment:ENTER TEXT

 Y. What size t-shirt do you prefer? Small Medium Large X-Large XX-Large

 Z. Do you have any dietary restrictions? Yes If so, please list **any and all** dietary restrictions so that we may plan accordingly: ­­­­­­­­­­­­ ENTER TEXT



AA. 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.

 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.

 BB. Test Scores: Students must submit all standardized test scores taken (PSAT, SAT, PACT, ACT, etc.).

 CC. 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.**

 DD. Mentor Selection: Indicate the names below of your top **eight** choices for mentor, ranked

 in order of priority (based on details listed in the Mentor Selection List available on the STARS website the last week in February). We will make every effort to place you with one of these eight 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

**STARS PROGRAM TERMS AND AGREEMENT**

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, and phone number of parent(s) or guardian(s) may be released at the discretion of the Program administrative staff;

10. We understand that participation in the Program will require a substantial time commitment and are willing to make attendance, full participation at all academic and social activities, as well as payment of all fees our first priority. More information about the program fees will be provided upon acceptance into the STARS program;

11. We acknowledge that upon acceptance and participation in the STARS six-week program that we recognize that we will also be agreeing to register and required to pay an additional fee (the rate of one credit hour for any course taken by an undergraduate student at the University of Missouri-Saint Louis)and in doing so will earn the equivalent of one hour of credit for the Science and Education Departmental course, BIOLOGY 1010, at the University of Missouri-Saint Louis due to UMSL’s Dual Enrollment Program. By doing so an UMSL account and record will be created and maintained for the student’s time at UMSL and/or in the STARS Program. More information about the Dual Enrollment Program will be provided upon acceptance into the STARS program. Please note that one credit hour of any course is unlikely to transfer toward any degree program; and the one credit hour of the course Biology 1010 that will be earned during the six weeks in the STARS program will be unlikely to transfer,

12. 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 of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Parent/ Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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



**RECOMMENDATION FORM**

**Must be received in the STARS office before MARCH 24, 2018**

**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 golidaye@umsl.edu. If unable to send electronically, hard copies must be received in our office **no later than March 24**: STARS Office, 238 Research Building, University of Missouri-Saint Louis, One University Drive, St. Louis, MO 63121.

**Section A (please print clearly)**:

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

**Section B (please print clearly)**:

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

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

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

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

Please rate this applicant relative to your other students:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Poor**Lowest 50% | **Fair**Next Highest 20% | **Good**Next Highest 20% | **Excellent**Next Highest 5% | **Outstanding** 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 |  |  |  |  |  |  |

**Please comment on the student 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**2018 STARS PROGRAM STUDENT FINANCIAL AID APPLICATION**

Your name(First, Middle, Last): **enter text** School: **enter text**

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

What amount of financial aid do you need? $ **enter text**

Do you currently hold a job?  Yes No Salary / week: $ **enter text**

 Current employer: **enter text** Phone: **enter text** Address: **enter text**

 How many hours per week do you work now? **enter text**

Do you have a job lined up for this summer?  Yes No Salary / week: $ **enter text**

 If yes, employer: **enter text** Phone: **enter text** Address: **enter text**

 How many hours per week do you need to work this summer? **enter text**

 Is this job mandatory for financial reasons?  Yes No

 If so, how much do you expect to net? $ **enter text**

Would your need for a job prevent you from attending the STARS program?  Yes No

**USING THE BACK OF THIS FORM PLEASE DESCRIBE IN DETAIL YOUR REASON (S) FOR REQUESTING FINANCIAL ASSISTANCE.**

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

**Parent or Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2018 STARS STUDENT APPLICANT CHECKLIST**

**THE COMPLETE APPLICATION PACKAGE MUST BE SUMBITTED AT ONE TIME IN HARD COPY FORM AND MUST INCLUDE ALL ITEMS LISTED BELOW.**

**\_\_\_\_ 1) To pay the $80.00 Student Application Fee by credit/debit card**

[**CLICK HERE**](https://apps.umsl.edu/webapps/ITS/Sales_and_events/register_options.cfm?event=79)**, or visit https://apps.umsl.edu/webapps/ITS/Sales\_and\_events/register\_options.cfm?event=79.**

**This fee is nonrefundable.**

**\_\_\_\_ 2) Completed 2018 STARS Student Application**

**\_\_\_\_3) Signed STARS Program Terms and Agreement Form**

**\_\_\_\_4) Complete school transcript**

**\_\_\_\_5) Test scores of all standardized tests taken (PSAT, SAT, PACT, ACT, etc.)**

**\_\_\_\_6) One-page essay**

**\_\_\_\_7) Recommendation Letter (Your teacher, counselor, or principal may want to submit their recommendation separately.)**

**\_\_\_\_8) Financial Aid Application (if requesting aid)**

**YOUR COMPLETE 2018 STARS STUDENT APPLICATION PACKAGE MUST BE RECEIVED BETWEEN WEDNESDAY MARCH 1, 2018 AND SATURDAY MARCH 24, 2018.**

IF YOU HAVE QUESTIONS PLEASE CONTACT STARS PROGRAM DIRECTOR DR. KENNETH R. MARES AT MARESK@UMSL.EDU OR (314) 516-6155.