2016 EPSCoR STEM Summer Camp Application

Please complete the following application for one of the three FREE ESPCoR Sponsored Science camps offered throughout the State of Delaware. Please also state your desired location. The camps are offered at three Delaware Technical Community College campuses and run Monday through Friday from 9:00am to 4:00pm. Before and after camp care is also available for a fee.

Applications will not be reviewed unless fully completed. Acceptance is limited to 15 students and will be based on the evaluation of this application. The deadline to submit all applications is Monday, May 2, 2016. Campers will be notified of their acceptance into their desired camp by Monday, May 16, 2016.

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<tr>
<th>Select</th>
<th>Camp</th>
<th>Desired Location</th>
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<td><strong>Crust to Core 6th Grade Camp</strong></td>
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<td>Stanton Campus: July 11 - 15</td>
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<td>Terry Campus: July 18 - 22</td>
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<td>Owens Campus: July 25 - 29</td>
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<td><strong>Track Your Way through Watersheds 7th Grade Camp</strong></td>
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<td>Stanton Campus: July 25 - 29</td>
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<td><strong>Energize the Future 8th Grade Camp</strong></td>
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*This program is made possible by the National Science Foundation EPSCoR Grant No. IIA-1301765 and the State of Delaware. Revised 1/21/2016.*

Please mail your completed application to the following address:

Delaware Technical Community College
400 Stanton Christiana Road
Newark, DE 19713
ATTN: Melissa Myers, E117
Phone: (302) 292-3892
Fax: (302) 453-3076
Counselor/Teacher Recommendation Form

The student noted below has applied to the 2016 EPSCoR STEM Summer Camp at Delaware Technical Community College. Your recommendation is required for the student to participate in this free camp. Please assess the student in the areas of overall academic potential and motivation. This program is for students with high academic interest/potential in Math and/or Science. Please return this form to Melissa Myers by mail to Delaware Technical Community College 400 Stanton Christiana Road, Newark, DE 19713 or by email to mmyers13@dtcc.edu.

Name of Student: ____________________________________________________________

School: _____________________________ Present Grade Level: ___________________________

Recommendation Form Prepared by: _____________________________________________

Teacher or Counselor: ______________________ Teaching Subject (if applicable): ____________

Phone Number: _________________________ Email: _________________________________

Cumulative GPA: ______ Overall Academic Potential: ____ Excellent ____ Good ____ Needs to improve

Current Grades: ______ Math ______ Science ______ DCAS

What motivates this student?
__________________________________________________________________________________________
__________________________________________________________________________________________

What is this student’s behavior and attitude toward school?
__________________________________________________________________________________________
__________________________________________________________________________________________

Please provide any additional comments.
__________________________________________________________________________________________
__________________________________________________________________________________________

Please rate your overall assessment of this student by checking the appropriate box:

[ ] HIGHLY RECOMMENDED
[ ] RECOMMENDED
[ ] RECOMMENDED WITH RESERVATION
[ ] NOT RECOMMENDED

I certify that the above information is factual and accurate according to the student’s records.

__________________________________________________________________________________________
Signature of Counselor/Teacher

__________________________________________________________________________________________
Date

________________________________________________________  ____________________________
2016 EPSCoR STEM Summer Camp Application

Student Information

Name: _______________________________________________________________________
  Last                          First                          MI

Address: _______________________________________________________________________
  Number                          Street
  __________________________________________
  City                          State                          Zip Code

Student Home Phone: (__)______________  Student Cell Phone: (__)______________

Last 4 of SSN: ____________  Age: ____________________  DOB: ____________________

☐ Male  ☐ Female  Student Email Address: ________________________________

Student School Information

Name of School: ________________________________  Home Schooled: ☐ Yes  ☐ No

City: __________________________  State: __________

Present Grade Level (circle one):  5th  6th  7th

Student U.S. Citizenship Status

Please check one of the following:
  ☐ U.S. Citizen  ☐ Permanent Resident  ☐ Visa  ☐ Other (Please explain): ________________________________

Student Race & Ethnicity Information

Do you consider yourself to be Hispanic/Latino?  In addition, please select one or more of the racial
categories to describe yourself:
  ☐ Yes
  ☐ No

☐ American Indian/Alaskan Native
  ☐ Asian
  ☐ Black or African American
  ☐ White
  ☐ Native Hawaiian or Other Pacific Islander

Have you ever been on probation or convicted of a juvenile crime?  ☐ Yes  ☐ No

If yes, please explain:

__________________________________________________________________________________
  ___________________________________________________________________________________
2016 EPSCoR STEM Summer Camp Application

Parent or Legal Guardian Information

Name of Parent or Legal Guardian: ___________________________
Address: ___________________________________________
                                                      ___________________________________________
Home Phone: ________________________________          Home Phone: ________________________________
Cell Phone: ________________________________          Cell Phone: ________________________________
Work Phone: ________________________________          Work Phone: ________________________________
Parent email: _______________________________

Did you graduate from college with a 4-year degree?  □ Yes  □ No

Income Status

Total number of people in household supported by the family income: _______

Please check the box that best indicates the family income for the past year:
□ Below $25,000/year  □ $25,000 - $50,000/year
□ $50,000 - $75,000/year  □ $75,000 - $100,000/year
□ Greater than $100,000/year

What would you like your child to gain from attending this camp?
______________________________________________________________________________
______________________________________________________________________________

What other camps/programs/activities will your child be participating in this summer?
______________________________________________________________________________
______________________________________________________________________________

During this camp, we will be spending time outdoors. Does your child have any allergies to specific insects, food, or other substances that would preclude these activities?
______________________________________________________________________________
______________________________________________________________________________

______________________________  ________________________
Signature of Parent/Guardian                      Date
Student Interest Survey

Please answer the following questions on your own in your handwriting. You may use additional paper if necessary. If you do so, please put your name on each sheet.

1. What is your favorite class in school? Why?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2. What is your least favorite class in school? Why?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

3. What do you want to be when you grow up? Why?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

________________________________________________  ________________________
Signature of Student                                                                                                 Date
2016 EPSCoR STEM Summer Camp

CONSENT AND RELEASE INFORMATION CERTIFICATION

By signing this application, I certify that I have read this application and the information given is accurate and factual. I/we give consent for my/our child to participate in the 2016 EPSCoR STEM Summer Camp if he or she is selected. I/we further understand that selection is the responsibility of the Admissions Committee and the decisions of this Committee are final. Additionally, I/we give consent for my/our child to participate in all program activities. I/we also consent for my child to receive routine and/or emergency medical services (if necessary). Moreover, I/we give permission for my/our child to be photographed and/or interviewed by the press for program promotion only.

I/we authorize the 2016 EPSCoR STEM Summer Camp to obtain my/our child’s grades and State Test scores from the school counselor. Communications with counselors and teachers regarding academic achievement will be submitted to the 2016 EPSCoR STEM Summer Camp upon request. Falsifying this information will result in your child being denied entrance into the program and/or expulsion from the program.

I, the undersigned parent or guardian of, (Print Name) ____________________________________________ hereby grant permission for my child to participate in all of the activities, including those occurring off property owned or controlled by the College, scheduled for the EPSCoR camp. My permission extends to all activities listed on this form or that may occur during the course of the EPSCoR camp. My permission includes the transportation provided by the College unless I have indicated otherwise on this form. In the event that I have chosen to arrange my child’s transportation to and from the camp, I acknowledge that the College, its employees, agents, and trustees, have no liability arising out of and from the transportation of my child to and from these activities.

I further understand that all of the terms, conditions, and information contained in the EPSCoR application as submitted by me on behalf of my child, including the assumption of the risks of camp activities, medical authorization, promotional authorization and such related releases of liability shall apply during my child’s participation in the activities occurring off property owned or controlled by the College scheduled for the camp as well as during the College’s transportation of my child in conjunction with these camp activities.

I HAVE CAREFULLY READ ALL OF THE INFORMATION ON THIS FORM AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS. I AM THE LEGAL GUARDIAN OF THE CAMPER AND UNDERSTAND THAT THE INFORMATION, TERMS, AND CONDITIONS CONTAINED ON THIS FORM SHALL SERVE AS A RELEASE AND ASSUMPTION OF LIABILITY FOR MY HEIRS, EXECUTORS, AND ADMINISTRATORS.

By signing this application, I certify that I have read and understand this application and that the information given is accurate and factual.

____________________________________  ___________________________________________
Parent/Legal Guardian Name (Print)   Parent/Legal Guardian Name (Print)

Signature   Date   Signature    Date