Youth Program at Delaware Tech

Program Features:

- Tutoring Services
  - Available on college campus
- Saturday Health Care Academies
  - Monthly on college campus
- College Tours (Day & Overnight Trips)
- Summer Academies
- Career Fairs
- Dual Enrollment Options
- Simulated / Virtual Learning Experiences
- Distance Learning Opportunities
- Job shadowing Health Care Professions
- Mentoring by Health Care Professionals
- Volunteer Opportunities within Medical Facilities

Qualifications:

Who Are Great Candidates?

- Current 8th
- Attends school in New Castle County
- Interested in entering Health Care Profession
- Good academic standing and school conduct. Minimum 2.8 Cumulative GPA and at least a B grade in STEM Subjects.
- Minorities or other under-served populations
- Hard working and dedicated to self-development

Contact:

STEM UP Delaware
George Campus (Wilmington)
Delaware Technical Community College
300 N. Orange Street, Room E331
Wilmington, DE 19801
Phone: (302) 657-5125
Fax: (302) 657-5121
Email: wilm-stemupde@dtcc.edu

Get an application:
go.dtcc.edu/STEMUP

What is STEM UP Delaware?

STEM UP Delaware is a program which provides services and resources that increase college readiness and advance the academic standing of students in STEM Education and prepares them as successful candidates for matriculation to post-secondary schools, earning degrees in the Medical Field or in other STEM-based fields within the Health Care Field.

STEM UP provides students with academic support services designed to assist them in the successful completion of high school and post-secondary education. Students are exposed to a variety of educational and hands-on experiences which will prepare their success within rigorous STEM courses that serve as catalysts for college entry and beyond.

Exposure to hospital and college tours, academic enrichment and experiential learning opportunities are integral components of the STEM UP Delaware Program.
This program is funded by the Department of Health and Human Services.

Student's Name: ________________________________

Last ___________ First ___________

Student's School: ________________________________

Submission Date: ________________________________

Application Checklist: ALL sections must be completed and returned with application.

- Section I: Student Information
- Section II: Parent Information
- Section III: Emergency Contacts
- Section IV: Parent Assessment
- Section V: Consent and Release Form (signed)
- Section VI: Student Essay Criteria and Acknowledgement
- Section VII: Participant Survey
- Most Current Report Card and State Standardized Testing Scores
- Most recent Discipline or Behavioral Incident Report (May be obtained directly from student's school)

NOTE: *Parental signature on the STEM UP Delaware Application will permit Student's school to release information regarding Student’s grades, test scores and Student’s Discipline or Behavioral Incident Report. Applications with low STEM grades (below B) and GPA's below a 2.9 will not be considered.

RETURN APPLICATION TO:
Delaware Technical Community College
300 North Orange Street, Room E331
Wilmington, De 19801

Phone: (302) 657-5125  Fax: (302) 657-5121  Email: wilm-stemupde@dtcc.edu

*Incomplete Applications Will Not be Reviewed*


## Section I

### Student Information (Please Print)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Nickname</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Birth Date (MM/DD/YYYY)</th>
<th>Age</th>
<th>Social Security #</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Cell Phone</th>
<th>Student Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>School District Name</th>
<th>School Name</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### Ethnicity
- Hispanic/Latino
- American Indian/Alaskan Native
- Black/African American
- Asian/Pacific Islander
- Caucasian/White
- Other (specify): 

### Eligibility – U.S. Status
- U.S. Citizen
- Permanent Resident
- Visa
- Other (Specify): 

### Resides with:
- Both Parents
- Father & Step-Mother
- Father only
- Foster Parent/Guardian
- Grandparents
- Mother & Step-Father
- Mother Only
- Other Relative
- Other (Specify)

## Section II

### Parent/Guardian # 1 Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Gender</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

- Same address as Student

<table>
<thead>
<tr>
<th>Home Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Parent/Guardian #1 Information (continued)</td>
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<tr>
<td>------------------------------------------</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Phone</strong></td>
<td><strong>Alternate Phone</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Work □ Mobile □ Home</td>
<td>□ Work □ Mobile □ Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employer Name</strong></td>
<td><strong>Position Title</strong></td>
<td><strong>College Graduate?</strong></td>
<td><strong>If YES, name of college</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
<td><strong>Preferred Method of Communication (select one):</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Mobile □ Home Phone □ Email</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian #2 Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>□ Same address as Student</td>
</tr>
<tr>
<td><strong>Home Street Address</strong></td>
</tr>
<tr>
<td><strong>Primary Phone</strong></td>
</tr>
<tr>
<td>□ Work □ Mobile □ Home</td>
</tr>
<tr>
<td><strong>Employer Name</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Email Address</strong></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>
### Emergency Contact Information (continued)

*Please list two authorized persons, other than listed parent/guardian, to pick up student.*

<table>
<thead>
<tr>
<th>Contact #2</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Name</strong></td>
<td><strong>Last Name</strong></td>
</tr>
<tr>
<td><strong>Relationship to Student</strong></td>
<td><strong>Contact Number</strong></td>
</tr>
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</tbody>
</table>

**Section IV**

### Parent Assessment

#### Family Setting (check one)

- [ ] One Parent Family
- [ ] Two Parent Family
- [ ] Relative(s)
- [ ] Siblings
- [ ] Legal Guardian
- [ ] Foster Parent(s)

#### Assistance (check ALL that apply)

- [ ] TANF
- [ ] Food Stamps
- [ ] General Assistance
- [ ] SSDI
- [ ] SSI
- [ ] Veterans Compensation
- [ ] Purchase of Care
- [ ] Free or reduced lunch
- [ ] Medicaid
- [ ] IEP*
- [ ] 504 Accommodation*

If you selected an option with an asterisk (*), please use the space below to explain.

### Section III

### Emergency Contact Information

*Please list two authorized persons (other than listed parent/guardian) who may be contacted regarding Student*

<table>
<thead>
<tr>
<th>Contact #1</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Income</strong> (check one)</td>
<td><strong>Family Size?</strong></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Under $15,000</td>
<td>[ ] $25,001-$30,000</td>
</tr>
<tr>
<td>[ ] $15,001-$20,000</td>
<td>[ ] $30,001-$35,000</td>
</tr>
<tr>
<td>[ ] $20,001-$25,000</td>
<td>[ ] $35,001-$40,000</td>
</tr>
<tr>
<td></td>
<td>[ ] Over $50,000</td>
</tr>
</tbody>
</table>

**Relationship to Student**

**Contact Number**

**Mobile**  **Work**  **Home**
## Section V

### STEM UP Delaware Program

**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 son or daughter to participate in all *STEM UP Delaware* Program activities during the academic year and summer, 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 son/daughter 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 *STEM UP Delaware* Program to secure a copy of my/our child's Student Success Plan, Report card, Discipline and/or Behavioral Incident report, Transcript, State Test Scores, PSAT, SAT, ACT scores and the Home Access Center (HAC) which requires the user ID and password, as well as any other educational diagnostic assessment scores now and throughout the duration of his/her participation in the program. Communication with counselors and teachers regarding such matters as academic achievement, performance issues and/or behavioral issues will be submitted to the *STEM UP Delaware* Program upon request. I/we also authorize a representative from the *STEM UP Delaware* Program to visit my/our child at his/her high school monthly to satisfy the requirements of the program. Falsifying this information will result in the participant being denied entrance into the program and/or expulsion from the program.

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

**I HAVE CAREFULLY READ ALL OF THE INFORMATION ON THIS FORM AND VOLUNTARILY AGREE TO ALL TERMS AND CONDITIONS. I AM THE PARENT/LEGAL GUARDIAN OF THE PROGRAM PARTICIPANT 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. To the extent required by law, I consent to the *STEM UP Delaware* Program receiving my schedule from any post-secondary institution in which I may be enrolled.

I hereby give permission to *STEM UP Delaware* Program personnel, the access to and/or the release of information from the National Student Clearing House and/or any of the higher educational institutions in which I attend, or have attended. The exchange of this information may include - but is not limited to; Course Schedules, Transcripts, Counselor or Advisor Reports, degree obtained, financial aid reports and any other information necessary for the purpose of tracking my college enrollment, persistence, progression and degree completion.

<table>
<thead>
<tr>
<th>Parent Name (Print)</th>
<th>Student Name (Print)</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Parent Signature</th>
<th>Date</th>
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</table>

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
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</table>
Section VI

Student Essay Criteria and Acknowledgement

Student must complete an essay in his/her own words and sign the acknowledgement.

Essay Question: What are your plans beyond high school and college? Please give as much detail as possible. For example: What college do you plan to attend and Why? What college majors or career fields most interest you?

Essay Format:
- A COMPLETE, 1 page (minimum); 1 1/2 page (maximum)
- Double-spaced
- 1-inch margins
- Size 12, Arial Font
- Name, Grade and School must be aligned in the right-side Header Section
- Date centered in the Footer Section

Please thoroughly read and sign acknowledgement below:

By signing this form, I acknowledge that I fully understand the importance of academic integrity. I understand that if I am offered acceptance into the STEM UP Delaware program and am found to have plagiarized any of my assignments or research papers - either partially or entirely, at any time during my program participation; I will automatically be dismissed from the STEM UP Delaware Program.

_________________________  _________________________
Student Signature                        Date
Section VII

STEM UP Delaware Program Participant Survey

Please read each question carefully and completely fill in the appropriate box.

Name ___________________________ Date ___________________________

1. What kind of grades do you usually earn? (check one)
   □ Mostly A’s    □ B’s and C’s    □ Mostly D’s
   □ A’s and B’s   □ Mostly C’s    □ D’s and F’s
   □ Mostly B’s    □ C’s and D’s   □ Mostly F’s

2. Indicate for what subject you need assistance. (check all that apply)
   □ Reading   □ English   □ Math

3. Rate the following statements:

   I finish and turn in my homework in on time.  
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree □ N/A

   I think doing well in school is important.  
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree □ N/A

   I plan ahead for things that need to be done.  
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree □ N/A

   I keep trying when things become difficult.  
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree □ N/A

   I set goals.  
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree □ N/A

   I know how my college education will be paid.  
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree □ N/A

   I have researched colleges that I might want to attend.  
   □ Strongly Agree □ Agree □ Disagree □ Strongly Disagree □ N/A