

# HARRIS-STOWE

STATE UNIVERSITY

## 2017 Academy for Science & Mathematics

The Summer Academy for Science & Mathematics is a residential five-week college prep program focusing on the sciences and mathematics. It is designed for freshmen who have been admitted to Harris-Stowe State University and are beginning their college career in the 2017 fall semester.

**June 25 - July 27, 2017**

COMPLETED APPLICATIONS DUE: MARCH 1, 2017

### PERSONAL INFORMATION

LAST NAME		FIRST NAME		M.I.
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		ETHNICITY <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> LATINO(A) <input type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER		
DATE OF BIRTH / /		PLACE OF BIRTH CITY STATE		
ADDRESS		STATE	ZIP CODE	
HOME TELEPHONE ( )		CELL PHONE ( )		
E-MAIL ADDRESS				
LAST NAME OF PARENT/GUARDIAN		FIRST NAME OF PARENT/GUARDIAN		
CITY		STATE	ZIP CODE	
EMPLOYER OF PARENT/GUARDIAN		WORK TELEPHONE OF PARENT/GUARDIAN ( )		

### ACADEMIC INFORMATION

NAME OF HIGH SCHOOL			
ADDRESS OF HIGH SCHOOL		CITY	STATE ZIP CODE
GRADUATION DATE / /		GPA (CUMULATIVE) /	CLASS RANK /
PLACE A CHECK MARK NEXT TO EACH SUBJECT TAKEN. THEN WRITE DOWN THE LETTER GRADE RECEIVED (A, B, C, ETC.)			
<input type="checkbox"/> ALGEBRA _____	<input type="checkbox"/> BIOLOGY _____	<input type="checkbox"/> ENGLISH _____	
<input type="checkbox"/> PLANE GEOMETRY _____	<input type="checkbox"/> CHEMISTRY _____	<input type="checkbox"/> COMPUTERS _____	
<input type="checkbox"/> SOLID GEOMETRY _____	<input type="checkbox"/> PHYSICS _____	<input type="checkbox"/> OTHER SCIENCE _____	
<input type="checkbox"/> TRIGONOMETRY _____	<input type="checkbox"/> OTHER MATHEMATICS COURSE _____		

## STANDARDIZED TEST SCORES

PLACE A CHECK MARK NEXT TO EACH TEST TAKEN. THEN WRITE THE PERCENTILE RANKING ACHIEVED.

(NO STUDENT WILL BE DENIED ADMISSION TO THE PROGRAM BASED SOLELY UPON THE ABSENCE OF THESE SCORES.)

<input type="checkbox"/> ACT	MATH _____	VERBAL _____	COMPOSITE _____
<input type="checkbox"/> PACT	MATH _____	VERBAL _____	COMPOSITE _____
<input type="checkbox"/> SAT	MATH _____	VERBAL _____	
<input type="checkbox"/> PSAT	MATH _____	VERBAL _____	

DATE ADMITTED TO HARRIS-STOWE

INTENDED ACADEMIC MAJOR

## PERSONAL STATEMENT

Please provide a typed 300 word minimum statement of your interest in attending the Academy for Science & Mathematics. Attach the statement to this application.

## LETTERS OF RECOMMENDATIONS

Please submit two letters of recommendation on official high school stationary. At least one letter must be from a science or mathematics teacher from your high school. Please provide their names and contact information in the space provided. (No letters from relatives permitted.)

NAME	ADDRESS	E-MAIL/PHONE NUMBER
NAME	ADDRESS	E-MAIL/PHONE NUMBER

Letters must be mailed, faxed or emailed no later than March 1, 2017, to:

Dr. Tommie Turner  
 Director, Institute for Science & Mathematics  
 Harris-Stowe State University  
 3026 Laclede Avenue, Room 307A  
 St. Louis, MO 63103  
 FAX: (314) 340-5954  
 E-mail: TurnerT@hssu.edu  
 University Website: www.hssu.edu/rms

## STUDENT AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge.

APPLICANT'S SOCIAL SECURITY NUMBER	
_____	
SIGNATURE OF APPLICANT	DATE
	_____/_____/_____
SIGNATURE OF PARENT/GUARDIAN	DATE
	_____/_____/_____

The goal of the Academy for Science & Mathematics is to prepare selected students with the required level of academic preparation for successful undergraduate study at Harris-Stowe State University. This is accomplished through a residential five-week rigorous concentrated college preparatory program with paid summer tuition, fees, meals and housing.

### Submit completed applications with high school transcript:

Dr. Tommie Turner, Director, Institute for Science & Mathematics  
 Harris-Stowe State University  
 3026 Laclede Avenue, Room 307A  
 St. Louis, MO 63103  
 FAX: (314) 340-5954  
 E-mail: TurnerT@hssu.edu  
 University Website: www.hssu.edu/rms

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## Academy for Science & Mathematics Summer Activities for Youth Health Information and Consent Form

To be completed by the participant's PARENTS. Please return with the Academy for Science & Mathematics application.

Date \_\_\_\_\_

### PERSONAL INFORMATION

PROGRAM NAME		PROGRAM DATES	
PARTICIPANT'S LAST NAME		PARTICIPANT'S FIRST NAME	M.I.
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	ETHNICITY <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> LATINO(A) <input type="checkbox"/> MIDDLE EASTERN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER		
DATE OF BIRTH ____ / ____ / ____	TELEPHONE ( ____ )	ALTERNATE TELEPHONE ( ____ )	
ADDRESS	CITY	STATE	ZIP CODE
MOTHER (OR GUARDIAN) LAST NAME		MOTHER (OR GUARDIAN) FIRST NAME	M.I.
FATHER (OR GUARDIAN) LAST NAME		FATHER (OR GUARDIAN) FIRST NAME	M.I.
MOTHER (OR GUARDIAN) WORK ADDRESS	CITY	STATE	ZIP CODE
MOTHER (OR GUARDIAN) WORK TELEPHONE ( ____ )		MOTHER (OR GUARDIAN) CELL PHONE ( ____ )	
FATHER (OR GUARDIAN) WORK ADDRESS	CITY	STATE	ZIP CODE
FATHER (OR GUARDIAN) WORK TELEPHONE ( ____ )		FATHER (OR GUARDIAN) CELL PHONE ( ____ )	
EMERGENCY CONTACT FIRST NAME		EMERGENCY CONTACT LAST NAME	
EMERGENCY CONTACT RELATIONSHIP TO PARTICIPANT		EMERGENCY CONTACT TELEPHONE ( ____ )	

### HEALTH INFORMATION

Is there any health information regarding your child that the program staff and faculty should be aware? Please check the appropriate boxes below and provide an explanation.

- Disabilities \_\_\_\_\_
- Learning Disabilities \_\_\_\_\_
- Diseases \_\_\_\_\_
- Allergies \_\_\_\_\_
- Activity Restrictions \_\_\_\_\_
- Regular Medications \_\_\_\_\_
- Other \_\_\_\_\_

## PHYSICIAN INFORMATION

In case of emergency, please contact the following physician.

PHYSICIAN LAST NAME	PHYSICIAN FIRST NAME		
PHYSICIAN ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (       )			

## CONSENT OF TREATMENT

I approve my child's attendance and participation in all program activities as long as they are in accordance with the health information provided on the previous page.

I hereby authorize Harris-Stowe State University Health Services to provide or obtain medical care for \_\_\_\_\_, a minor. I understand that I will be responsible for any charges incurred for such care.

SIGNATURE OF PARENT OR GUARDIAN, IF CHILD IS UNDER 18 YEARS OF AGE	DATE ____ / ____ / ____
RELATIONSHIP TO MINOR	

SIGNATURE OF PARTICIPANT, 18 OR OLDER	DATE ____ / ____ / ____
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**Submit completed health information and consent form and liability release form to:**

Dr. Tommie Turner  
Director, Institute for Science & Mathematics  
Harris-Stowe State University  
3026 Laclede Avenue, Room 307A  
St. Louis, MO 63103  
Phone: (314) 340-5955  
Fax: (314) 340-5954  
E-mail: TurnerT@hssu.edu  
University Website: [www.hssu.edu/rms](http://www.hssu.edu/rms)

## 2017 Academy for Science & Mathematics

### Release, Waiver of Liability, Assumption of Risk, & Covenant Not to Sue Agreement

This is a binding legal document. Please read carefully before signing.

I hereby acknowledge that participation by my child in the 2017 Academy for Science & Mathematics, a voluntary educational residential program sponsored and administered by Harris-Stowe State University and the College of Arts & Sciences from June 25, 2017 to July 27, 2017, involves and inherent risk of and exposure to property damage and bodily or personal injury to my child, or to others. Dangers related to such activities may include but are not limited to: hypothermia, broken bones, strains, sprains, cuts, abrasions, bruises, drowning, concussion, heart attack, heat exhaustion, injuries associated with travel, and death. I acknowledge that I am aware that there are risks, hazards, and dangers inherent in such activities and in the training, preparation for, and travel to and from such activities. I further acknowledge that it is my sole responsibility to allow my child to participate only in those activities for which my child has the prerequisite skills, qualifications, preparations, and training. I acknowledge that the Board of Regents of Harris-Stowe State University, a body politic and corporate of the State of Missouri, on behalf of Harris-Stowe State University and its members individually, and its officers, agents, and employees, hereinafter "Releasees", do not warrant or guarantee in any respect the competency or mental or physical condition of any leader, instructor, volunteer, vehicle driver, or individual participant in any educational residential camp program or activity. I further acknowledge that Releasees make no warranty as to the condition, safety, or suitability of any equipment, vehicle, property, or premises for any purpose. I acknowledge that I am solely responsible, through insurance or otherwise, including the Camper Accident/Medical Benefit Coverage required of all campers, for any hospital or other costs arising out of any bodily injury or property damage sustained through my child's participation in the above-noted voluntary camp program. I hereby assume on behalf of my child any and all such risk. For the sole consideration of Releasees arranging for and allowing my child's participation in the above-referenced voluntary camp program, and in connection therewith, making available for my child's use while participating in such program, certain equipment, facilities, grounds, or personnel of Releasees, I hereby waive liability, release, hold harmless, covenant not to sue, and forever discharge Releasees from any and all liability, claims, demands, rights, and causes of action of whatever kind, arising from or by reason of any personal injury, property damage, or the consequences thereof, resulting from or in any way connected with my child's participation in the above-referenced voluntary camp program. I understand and agree that Releasees do not have medical personnel available at the locations of the camp program; that Releasees are granted permission to authorize emergency medical treatment for my child; that such action by Releasees shall be subject to the terms of this Agreement; and that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. I understand that acceptance of this signed *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement* by Releasees shall not constitute a waiver, in whole or in part, of sovereign immunity by Releasees; that it shall be effective during the entire period of my child's participation in the above-referenced voluntary camp program; that it binds me, members of my family, my spouse, and my child's heirs, executors, administrators, and assigns; that it shall be construed in accordance with the laws of Missouri; and that if any of its terms or provisions are held illegal, unenforceable, or in conflict with any law, the validity of the remaining portions shall not be affected thereby.

I have read, understand, and have freely and voluntarily signed this *Release, Waiver of Liability, Assumption of Risk, & Covenant Not To Sue Agreement*.

DATE		
SIGNATURE OF PARENT OR GUARDIAN		
LAST NAME OF CHILD	FIRST NAME OF CHILD	AGE
SIGNATURE OF WITNESS (MUST BE 18 YEARS OR OLDER)		

**Submit completed applications, health information and consent form and this form to:**

Dr. Tommie Turner, Director, Institute for Science & Mathematics

Harris-Stowe State University, 3026 Laclede Avenue, Room 307A, St. Louis, MO 63103

Phone: (314) 340-5955, Fax: (314) 340-5954, E-mail: [TurnerT@hssu.edu](mailto:TurnerT@hssu.edu), University Website: [www.hssu.edu/rms](http://www.hssu.edu/rms)

# HARRIS-STOWE

STATE UNIVERSITY

## National Science Foundation Academy for Science & Mathematics Admissions Form

This form is being completed for:

STUDENT LAST NAME	STUDENT FIRST NAME	M.I.
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### ADMISSION TO THE UNIVERSITY AUTHORIZATION

Complete one of the below boxes and then verify this information with your signature.

1	I certify that _____, who will participate in the 2017 National Science Foundation (NSF) Academy for Science & Mathematics, has been admitted to Harris-Stowe State University. NAME OF STUDENT
2	_____ has NOT been admitted to Harris-Stowe State University. NAME OF STUDENT

DIRECTOR OF ADMISSIONS	DATE ____/____/____
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### ADMISSION TO THE ACADEMY FOR SCIENCE & MATHEMATICS AUTHORIZATION

Complete one of the below boxes and then verify this information with your signature.

1	I certify that _____, has been admitted into the 2017 Academy for Science & Mathematics. NAME OF STUDENT
2	_____ has NOT been admitted into the 2017 Academy for Science & Mathematics. NAME OF STUDENT

DEAN, COLLEGE OF ARTS & SCIENCES	DATE ____/____/____
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DIRECTOR, INSTITUTE FOR SCIENCE & MATHEMATICS	DATE ____/____/____
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# HARRIS-STOWE STATE UNIVERSITY

## National Science Foundation Academy for Science & Mathematics Stipend Award Form

### NSF ACADEMY FOR SCIENCE & MATHEMATICS STIPEND AWARD AUTHORIZATION

I certify that \_\_\_\_\_ has successfully completed the 2017 NSF Academy for  
NAME OF STUDENT

Science & Mathematics and is eligible for the stipend award.

DEAN, COLLEGE OF ARTS & SCIENCES	DATE ____/____/____
PRINCIPAL INVESTIGATOR	DATE ____/____/____

### ADMISSION TO THE UNIVERSITY AUTHORIZATION

I certify that \_\_\_\_\_, who participated in the 2017 National Science  
NAME OF STUDENT

Foundation (NSF) Academy for Science & Mathematics, is enrolled full-time with a minimum of 12 credit hours at  
Harris-Stowe State University and has been in attendance for two weeks.

REGISTRAR	DATE ____/____/____
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