I-STEM BIOTECHNOLOGY SUMMER SCHOLARS PROGRAM

Application for Summer 2018

Applications must be postmarked by March 30, 2018. All applications will be evaluated (by a committee) after April 10th. Please print clearly.

Acceptance to the program is competitive and limited to 24 students. Applicants will be selected based on all three components (letters of recommendation, essays, and grades).

A complete application should include two recommendation letters from teachers using the enclosed forms (one from a science teacher and one from another teacher of your choice) sent directly to the address below. In addition, please submit a copy of your high school transcript AND your most recent report card.

Limited number of full and/or partial scholarships are available to applicants who are eligible for the Federal free or reduced lunch program. Please submit a letter, on letterhead, from an official at the school district **or** the letter you received stating that you are eligible for the free or reduced lunch program.

Your Name						
	last	first	middle			
Mailing Address						
-	Street					
	city	state	zip			
Gender						
Phone #		Career Goal				
High School		Year of Graduation				
Date of Birth		Tee-shirt size				
E-mail address		Parent email address				
Information on yo	our letters of recomm	endation (to be sent directly f	rom teacher):			
Name of science	teacher:					
Name of other fac	culty member:					
	Pos	Postmark Applications by March 30, 2018: Institute for STEM Education 092 Life Sciences Building				
	Stony Brook University					
		Stony Brook, NY 11794-52	233			

Tel: 631-632-9750; Fax: 631-632-9791

Your Name			
	last	first	middle

Essay Questions

1. What are your future goals and plans?

2. The I-STEM Biotechnology Summer Scholars Program is a four-week program. Why does this program interest you and what are your expectations, if any?

Institute for STEM Education STONY BROOK UNIVERSITY

I-STEM BIOTECHNOLOGY SUMMER SCHOLARS PROGRAM

Science Teacher Recommendation Form

(To be completed by a science teacher who has taught you.)

Student's Name		
Teacher's Name	School	
Capacity in which you know this student		

Please compare this student to the others that you have taught:

	Top 2%	Top 10%	Top 25%	Тор 50%	Less than 50%
Maturity	Ο	Ο	Ο	0	Ο
Positive interaction with peers	Ο	Ο	Ο	Ο	Ο
Inquisitiveness	Ο	Ο	Ο	Ο	Ο
Ability to complete tasks	Ο	Ο	Ο	Ο	Ο

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature

Date _____

Deadline: Postmarked by 03/30/18 Please send to: Institute for STEM Education, 092 Life Sciences Building, Stony Brook University, Stony Brook, NY 11794-5233 (tel: 631-632-9750; fax: 631-632-9791)

I-STEM BIOTECHNOLOGY SUMMER SCHOLARS PROGRAM

Teacher Recommendation Form

(To be completed by any teacher who has taught you.)

Student's Name		,
Teacher's Name	School	
Capacity in which you know this student		

Please compare this student to the others that you have taught:

	Top 2%	Top 10%	Top 25%	Top 50%	Less than 50%
Maturity	0	Ο	Ο	0	Ο
Positive interaction with peers	Ο	Ο	Ο	Ο	Ο
Inquisitiveness	Ο	Ο	Ο	Ο	Ο
Ability to complete tasks	Ο	Ο	Ο	Ο	Ο

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature

Date _____

Deadline: Postmarked by 03/30/18 Please send to: Institute for STEM Education, 092 Life Sciences Building, Stony Brook University, Stony Brook, NY 11794-5233 (tel: 631-632-9750; fax: 631-632-9791)