

UNIVERSITY OF ROCHESTER
PRE-COLLEGE EXPERIENCE IN PHYSICS
to encourage the participation of women in science
Summer Program: July 7 – 30, 2014

STUDENT APPLICATION FORM

Please type, or print in ink:

1. _____
Last Name First Name Nickname

2. _____
Street Address or Box Number Town/City Zip Code

3. _____
Parent/Guardian Name Home Phone Work Phone

4. _____
School District School Name Present Grade

5. Birth Date _____ Age _____ Email Address _____

STUDENT SIGNATURE REQUIRED. PLEASE READ CAREFULLY.

I have read the program description, and if selected for PREP, I will do my best to participate in all parts of the program as described.

Student Signature

Date

PARENT/GUARDIAN PERMISSION STATEMENT

I hereby grant permission for my child to apply to this program and for school officials to report my child's grades as required. I understand that the recommendation and transcript information will be held in confidence by all members of the screening committee and that applications will not be returned to students. Also, I will allow my child to complete questionnaires designated to evaluate the program. I further permit my child to participate in media events and to be photographed for publicity related to the program.

Parent/Guardian Signature

Date

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Student: _____

School: _____

PREP APPLICATION: STUDENT ESSAY

Please state, using approximately 1/2-1 page, what you hope to gain by participating in the PREP program. How will this program help you achieve some of the goals and dreams that you have for your future? Please describe relevant experiences and people that have influenced you. If you wish you may attach your essay on a separate page. **Be sure to sign your essay.**

When you have completed the application, and both you and your parent/guardian have signed it, please send it to

Ms. Connie Jones, UR PREP, Dept. of Physics & Astronomy
University of Rochester, Wilson Blvd., Rochester, NY 14627-0171
Phone: (585) 275-5306 Fax: (585) 273-3237

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TO BE COMPLETED BY TEACHER

This student has applied to PREP, a challenging, 4-week program of physics instruction, small-group projects, speakers, and tours. Our aim is to enroll not only young women who have demonstrated ability in math or science, but also students with possibly hidden potential who are highly self-motivated, enthusiastic, and who will stick with the program for its duration.

	(Low)			(High)	
	1	2	3	4	5
1. Approaches learning with responsibility and maturity; is highly self-motivated toward learning.	1	2	3	4	5
2. Shows interest and enthusiasm for math and/or science.	1	2	3	4	5
3. Participates in class discussions.	1	2	3	4	5
4. Shows respect for peers and teachers.	1	2	3	4	5
5. Has a good attention span.	1	2	3	4	5
6. Demonstrates disciplined work habits.	1	2	3	4	5
7. Shows potential for achievement.	1	2	3	4	5

Your frank assessment of the student's areas of both strength and difficulty will help us to create a supportive and appropriate learning experience. Specific examples are very helpful. You may use the back or attach your comments on an additional sheet. Thank you for your assistance.

ADDITIONAL DATA REQUESTED

Please attach photocopies of the student's recent report card marks and attendance record to this application.

Signature of Teacher

School Phone Number

Print Name and Subject(s) teaching

email at school

PLEASE RETURN THIS FORM TO:

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University of Rochester, Wilson Blvd., Rochester, NY 14627-0171

Phone: (585) 275-5306 Fax: (585) 273-3237 email: connie@pas.rochester.edu