

BIOTECHNOLOGY SUMMER CAMP

Application for Summer 2012

Applications must be postmarked by **April 2, 2012**. All applications will be evaluated (by a committee) after April 2nd.

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-tuition 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 _____ Social Security # _____
Phone # _____ Career Goal _____
High School _____ Year of Graduation _____
Date of Birth _____ Tee-shirt size _____
E-mail address _____

Information on your letters of recommendation (to be sent directly from teacher):

Name of science teacher: _____

Name of other faculty member: _____

Send Applications by April 2, 2012:

Center for Science and Mathematics Education

Stony Brook University

Stony Brook, NY 11794-5233

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

Center for **Science+Mathematics** Education

Your Name _____

last

first

middle

Essay Questions

1. What are your future goals and plans?

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

BIOTECHNOLOGY SUMMER CAMP

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%	Top 50%	Less than 50%
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquisitiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature _____ Date _____

Deadline: 04/02/12

Please send to: Center for Science and Mathematics Education,
Stony Brook University, Stony Brook, NY 11794-5233 (tel: 631-632-9750;
fax: 631-632-9791)

BIOTECHNOLOGY SUMMER CAMP

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquisitiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature _____ Date _____

Deadline: 04/01/12

Please send to: Center for Science and Mathematics Education,
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fax: 631-632-9791)