

Saturday Science Academy

Sponsored by School of Science, Technology, Engineering and Mathematics (STEM) at Dillard University

APPLICATION INSTRUCTIONS

To Parents: Please be advised that should your child be selected to participate in the Saturday Science Academy, it is very important that he/she be present and on time for each meeting. Complete application forms are due at Dillard University by Wednesday, September 28, 2016 at 5:00 p.m. Each completed application package must be accompanied by the enclosed recommendation form that is to be completed by your child's teacher.

Please return applications to:

Dr. Ruby Broadway
Program Director
Saturday Science Academy (SSA)
Stern Hall Room 122-G
2601 Gentilly Blvd.
New Orleans, LA 70122

NOTE: Please do not let the teacher's recommendation forms prevent you from getting your child's application in by the due date.

Recommendation must be completed and submitted directly to the Saturday Science Academy (SSA) Office Room 122-G Stern Hall by Wednesday, September 28, 2016.

Because of the anticipated large number of applications to the Academy, we are not able to accommodate as many students as we would like. Students who are accepted will be notified by a letter of invitation. **IF YOU DO NOT RECEIVE A LETTER OF INVITATION, PLEASE DO NOT ATTEND THE OPENING SESSION.**

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APPLICATION FORM

STUDENT INFORMATION			
Last name:	First:	Middle:	
Grade	Age	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
School			
Address	City	State LA	Zip
Teacher			

PARENT INFORMATION			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last name:	First:	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last name:	First:	
Street address:	Cell no.:	Home phone no.:	
City:	State:	ZIP Code:	
EMERGENCY INFORMATION			
Emergency Contact:	Emergency Number:	Relationship:	

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RECOMMENDATION

RECOMMENDER: Please type or print.

ASK YOUR CURRENT SCIENCE OR MATHEMATICS TEACHER TO WRITE A BRIEF EVALUATION OF YOU ON THIS PAGE.

TO THE TEACHER: Identifying SPECIFIC STRENGTHS of the applicant will be helpful in reviewing this application.

STUDENT INFORMATION			
Student			
School		Subject	
How long have you known this applicant and in what capacity?			
STUDENT ASSESSMENT			
Using a 10-point scale, please rate the applicant in comparison with other students whom you have known.			
(poor 1-4)	(fair 5-7)	(good 8-9)	(excellent 10)
Academic Performance			
Intellectual Potential			
Creativity and Originality			
Motivation for Engineering			
Independence and Maturity			
Evaluation			
Teacher's Name		Subject	
School		Address	
Signature		Date	

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