DU- WISHES 2019
Dillard University- Women In STEM High School Experience in Summer
Chapter for Women in STEM, Physics and Optics
Dillard University, New Orleans, LA
June 10, Monday – June 21, Friday
8:00 am – 3:00 pm

Exploring and Learning Science by doing Science

Thank you for your interest in attending our 14-day STEM Summer Program 2019. This program is an initiative to encourage female high school (7th- 12th Grade) students to gain hands-on experience in STEM related experiments and activities. Please note females in grades 9th – 12th will have 1st priority, then 7th & 8th grade.

An exciting line-up of activities and hands-on-exploration are being planned that would excite and stimulate your curiosity to science and expose you, our “women in science of tomorrow” to experiments in various fields of engineering, biology, chemistry, physics, optics and optical illusion and mathematics. You will be learning about the illustrious women in science, including minority, and interact with guest speakers.

We are also planning a special wrap up event on the last day where teachers and parents of participating students would join while the students present their two-week experience. Lunch, at no cost to the students, will be provided on all the days and the students will receive a stipend at the end of two weeks for their full attendance and participation.

The program goal is to provide an enjoyable and enriching experience for you, hoping you will get inspired to pursue a STEM career and change the current representation of women of color in STEM.

APPLICATION PROCESS
Please read the following carefully. We will accept 50 students this year. So, enrollment in this program is first qualified come, first served. Complete the application form (2 pages) below and submit to your school coordinator.

We will notify each applicant regarding enrollment status as soon as possible, typically within three weeks of receiving your complete application. Each enrolled student will be sent a confirmation email and other necessary information.

IMPORTANT: If you do not hear from us within three weeks of submitting your application, it may be incomplete; please contact us to find out what is missing! There is no cost to apply. Remember the acceptance will be on first qualified come with completed application since the number seats are limited!

Disclaimer: Any photos, recorded (audio or video) and written materials created for and/or during the Summer Program are property of the Program and may be used for promotional purposes at the discretion of the Program. Your acceptance to the program is your consent.

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS
PARTICIPANT AND PRIMARY CONTACT INFORMATION

Name of Student: ___________________________ Date of Birth (yyyy/mm/dd): __________

Name of School: ___________________________ Grade: ______

Name of Parent/Guardian/Primary Contact:

_________________________________________

Mailing Address: ________________________________________________________________

City: _______________ State: ___________ Zip Code: ________________________________

Home Phone: _______________ Cell Phone: ________________________________

Email address you check frequently: ______________________________________________

Best way to contact you? (circle one) Home Phone  Cell Phone  Email

Please send my paperwork via (circle one)  US mail  Email  FAX

EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: ___________________________ Relationship: ______________________

Home Phone: _____ - _____ - _____  Work/Cell Phone: _____ - _____ - _____  ext _____

Second Contact's Name: ___________________________ Relationship: ______________________

Home Phone: _____ - _____ - _____  Work/Cell Phone: _____ - _____ - _____  ext _____

Medical insurance is required to participate in the program.

SAFETY INFORMATION (please list all known conditions so we can accommodate the participant’s needs)

Do you have any medical conditions, allergies, or special needs the Program staff should know about?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS  2
1. Tell us briefly (150-200 words) why you are interested in STEM fields.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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2. Why do you want to be a part of this DU WISHES summer program? (100-150 words)

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3. What are your extracurricular interests?

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PROGRAM LIABILITY RELEASE FORM

Please read carefully before signing. Parent/Guardian signature is mandatory if the student is under 18 years of age. Proof of medical insurance is required.

I, ____________________________, the Parent/Guardian of ____________________________, acknowledge that I voluntarily and willingly permit my child to participate in DU-WISHES Program at Dillard University (DU) campus, during the time period June 03- June 14, 2019.

I understand participation in the Program is completely voluntary and NO INSURANCE COVERAGE MAY EXIST THROUGH Dillard University or the DU WISHES program TO COVER ANY CLAIMS THAT MAY ARISE OUT OF MY CHILD’S PARTICIPATION IN THE program. In consideration for Dillard University’s arranging this opportunity for my child to participate in this Program, and knowing that I would be required to sign this Release of Liability, I acknowledge that I have fully read this Release and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

I understand and agree that my child must arrange her own transportation to and from Dillard University on all the program days and if any field trips if required. Dillard University may arrange transportation for my child. In this event, I further understand that my child’s decision to accept transportation from Dillard University is completely voluntary and accepted at her own risk, and that such transportation will not be covered by any Dillard University insurance. If my child arranges her own alternate transportation, I understand that she must provide her own automobile collision and liability insurance, at her expense if my child chooses to drive. Further I understand and agree that whatever alternate mode of transportation she may choose will not be covered by any insurance from Dillard University.

I fully understand and acknowledge that by my child’s participation in the Program, she faces the risk of accidental and/or other injury. These risks include, but are not limited to, (1) traveling to and from the Program, (2) loss or damage to personal property; (3) injury or fatality due to, and/or related to, (a) walking, running, and/or other physical activity, (b) the condition of facilities away from the Dillard University campus, which are not under the control and maintenance of Dillard University, (c) exposure to inclement weather (d) slips and falls, and (e) any and all other aspects and stress related to the Program, including interaction with personnel at other locations, who may not be employees of Dillard University, among others. I understand and assume the risks of my child’s participation in the Program.

I further acknowledge that my child has asked for and has received reasonable accommodations for any disability my child may have brought to the attention of the Program supervisors, having first presented valid certification of her disability to the Supervisor at the time of application.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD’S PARTICIPATION IN THE CAMP SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS
CONNECTION WITH MY CHILD'S PARTICIPATION IN THE CAMP, WHETHER FROM
ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD OR ON
THE PART OF Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS
AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY,
HOLD HARMLESS AND WILL DEFEND Dillard University, ITS TRUSTEES, OFFICERS,
EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES,
CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

ACCEPTED AND AGREED BY  (This part must be notarized)

Parent’s/Guardian’s Signature: ____________________________________________

Date: __________________________

Parent’s/ Guardian’s Name: ________________________________________________

Phone: __________________________

Witness signature __________________________ Witness signature __________________________

For questions, contact:
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