



Alabama State University



HIGH SCHOOL SUMMER SCIENCE PROGRAM

Sponsored by

The United States Department of Education

Minority Science and Engineering Improvement Program (MSEIP)

I. APPLICANT INFORMATION:

Name: _____
(Last) (First) (MI)

Social Security Number: _____ - _____ - _____ Date of Birth: (mm/dd/yyyy) _____

Gender: Male Female

Ethnicity: *(Please make a selection)*

African American/Black

Asian American/Pacific Islander

American Indian/Alaskan Native

Hispanic

Other (specify): _____

U.S. Citizen: Yes No

Mailing Address: _____
(Street) (City) (State/Zip Code)

Telephone Number (_____) _____ - _____ E-Mail Address _____

Cumulative grade point average (GPA) _____ SAT score _____ ACT score _____

Name of High School _____ Rank in class _____

Address: _____
(Street) (City) (State/Zip Code)

II. PARENT/GUARDIAN INFORMATION:

Name: _____
(Last) (First) (MI)

Mailing Address: _____
(Street) (City) (State/Zip Code)

Telephone Number (_____) _____ - _____ Work Number (_____) _____ - _____

Name: _____
(Last) (First) (MI)

Mailing Address: _____
(Street) (City) (State/Zip Code)

Telephone Number (_____) _____ - _____ Work Number (_____) _____ - _____

III. ADDITIONAL INFORMATION:

1. List your **extra curricular activities** in and outside school; include volunteer work, community service projects, etc.:

2. List your **hobbies** or **special interest**:

3. What are your **academic** and **professional goals**?

*** In addition, on a separate sheet of paper, write an essay (200 words) stating interest in the program and explain how your participation in the program will help you achieve your goals.**

IV. SIGNATURE OF APPLICANT AND PARENT

I hereby certify that the information given on this application is true to the best of my knowledge.

Name _____
Last First Middle

Father's Name _____
Last First Middle

Mother's Name _____
Last First Middle

Guardian's Name (if different from above): _____

Parent/Guardian's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Application Packages Must Be Received Or Postmarked By March 15th. Early submission is strongly advised. Applicants will be notified by **April 15th.**

SEND COMPLETED APPLICATION PACKAGE TO:

**Dr. Komal Vig, MSEIP Program Director
Alabama State University
915 S. Jackson St.
Life Science Building- Room 323
Montgomery, AL 36104**



**HIGH SCHOOL SUMMER SCIENCE PROGRAM
Alabama State University**



**RECOMMENDATION FORM
Deadline: March 15th**

To be completed by applicant. *Please TYPE or print all responses.*

Complete the information above the dotted line. Give this form to your recommender and ask him/her to return the completed form and letter of recommendation directly to the address provided below.

Applicant's Name _____

I agree that the recommendation I am requesting shall be held in confidence by officials of Alabama State University and hereby waive any rights I may have to examine it. I Agree I Disagree

Applicant's Signature _____

.....
To be completed by the evaluator.

How long and in what capacity have you known the applicant? _____

Please rate the applicant in the following areas.

	Excellent	Good	Average	Poor	*N/A
Academic Performance					
Ability to conduct a supervised project					
Intellectual curiosity and/or creativity					
Self Motivation					
Breadth of Science background					
Written communication skills					
Oral communication skills					
Personal reliability and responsibility					
Potential for graduate/professional school					

***Not enough opportunity to observe.**

Please provide a written evaluation of the applicant, describing your knowledge of the applicant and reasons why you recommend his/her participation in the High School Summer Science Apprenticeship Program. **Applications will not be considered complete without your letter of recommendation.** Thank you for your willingness to assist in this evaluation.

Evaluator's Name _____

Organization and Title _____

Address _____

Telephone (_____) _____ E-Mail _____

Signature _____ Date _____

Please mail the form and recommendation letter to: Dr. Komal Vig, Program Director • Alabama State University • 915 S. Jackson Street • Life Science Building-Room 323 • Montgomery, AL 36104



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COMPLETED APPLICATION CHECKLIST



- APPLICANT INFORMATION**
- PARENT/GUARDIAN INFORMATION**
- ADDITIONAL INFORMATION**
- PERSONAL STATEMENT ESSAY**
- TWO LETTERS OF RECOMMENDATION ALONG WITH
TWO RECOMMENDATION FORMS**
(AT LEAST ONE OF THE LETTERS SHOULD BE FROM A HIGH SCHOOL MATH, SCIENCE OR COMPUTER TECHNOLOGY TEACHER)
- SIGNATURE OF APPLICANT AND PARENT**
- OFFICIAL TRANSCRIPT**

**For additional applications, or if you have any questions, please contact the MSEIP office
at (334)229-5132 or (334) 229-4850/4598.**