



***** APPLICATION PACKET *****

The Science & Mathematics Fellows Program is here for the student's benefit and future.

The following steps should be followed when completing this application packet:

1. We want to be certain that you are eligible for the Science & Mathematics Fellows Program.
2. **Again, we are here to serve you, so if you have any questions, please call the office (305) 474-6853. WE CANNOT PROCESS YOUR APPLICATION FOR THE SCIENCE & MATHEMATICS FELLOWS PROGRAM UNLESS THE PACKET IS COMPLETE.**

It is very important to complete **ALL** of the questions to the best of your ability. If you have questions or need special assistance, please call: **(305) 474-6853, (305) 474-6854, or E-Mail: Sciencefellows@stu.edu**

WE HOPE WE SEE YOU SOON. GOOD LUCK!

ST. THOMAS UNIVERSITY
Science & Mathematics Fellows Program
16401 NW 37th Avenue, Kennedy Hall 200 • Miami Gardens, Florida 33054
Office: (305) 474-6853 or (305) 474-6854 • Fax: (305) 628-6728 • E-Mail: Sciencefellows@stu.edu



Introductory Letter

St. Thomas University has established a Science & Mathematics Fellows Program for Hispanics and other minorities in response to the shortage of Hispanics and other minorities who have completed baccalaureate degrees in science and mathematics.

The program, which begins August 2008, will accept as Fellows in Science and Mathematics 30 freshmen and 30 juniors (who transfer with an associate degree). The two groups will form a cohort, a permanent group of student colleagues in biology, chemistry and mathematics. Fellows are united in a cohort of 30 participants who are a learning and social community assisting each other in many ways throughout the four year program leading to a Baccalaureate degree.

The Fellows will pursue an outstanding undergraduate research-based baccalaureate program with major recognition for quality and success. This University undergraduate degree program has no counterpart in the State of Florida.

The Fellows will have excellent University support for employment or admission to first-rate graduate programs.

Fellows applicants from high schools will be welcomed in the Fellows Cohort during their senior year. The Fellows will have monthly sessions in University science and mathematics. They will be provided the opportunity to visit and participate in science laboratory experiments in our advanced teaching laboratories and to sit in on classes of their choice.

Through a combination of federal, state and institutional grants and scholarships your tuition at St. Thomas University will be covered in full if you are selected and enrolled in the Fellows program. These awards are renewable provided you continue to meet the minimum program enrollment criteria.

The program will be research-based from the outset and each fellow may receive advisement, mentoring and, as needed, tutoring.

Fellows will study in the new state-of-the-art science building, the Carnival Cruise Lines Science and Technology Building at St. Thomas University.

The program is part of the University's involvement with the Science and Mathematics Partnership, which aims to increase the number of students with expertise in Science and Mathematics.

Science & Mathematics Fellows' Eligibility to participate in the program will be determined by an academic committee. Additionally, students need to complete an application that requires them to write an essay, seek letters of recommendation (forms are provided), and submit academic records showing potential for college. Parents have sections of the application which they must complete also (for minors). The final selection of Fellows will be completed after all of the required information is received and analyzed by the academic committee. The committee will review the applications and select the Science & Mathematics fellows. You will be informed promptly once a decision has been made.

St. Thomas University's Science & Mathematics Fellows Program is dedicated to serve disadvantaged students.

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STUDENT PERSONAL INFORMATION FORM

**IF ALL OF THE INFORMATION REQUESTED ON THIS PAGE IS NOT INCLUDED –
WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION.**

Student Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security No.: ____-____-____ Date of Birth: ____/____/____ Sex: Male Female

Home Phone #: _____ Cellular Phone #: _____

Email Address: _____

United States Citizen: Yes No Citizenship: _____

If you are a Resident Alien, you MUST provide your Resident Alien Number: _____ and Attach a Copy of Your INS Card.

High School Name: _____ School ID#: _____

Current Grade: _____ GPA: _____

Counselor's Name: _____

These MUST be provided in order to consider your application complete.



PRINT Student Name: _____

STUDENT PERSONAL INFORMATION FORM (Cont.)
(TO BE COMPLETED BY STUDENT)

Please answer the following questions to the best of your ability:

1. Provide the names of two (2) adults who we may contact as character references.

Name: _____ Relationship: _____

Telephone #: _____

Name: _____ Relationship: _____

Telephone #: _____

2. What do you plan to do after graduation from high school?

3. List your school activities (such as music groups, clubs, student government organizations, sports, etc.)

4. List your hobbies and talents:

5. What do you do in your spare time?

6. Who has influenced you most?

7. Do you currently have a job? { } YES { } NO

If **YES**, where do you work and what do you do?

How many hours per week? _____

8. Which are your best subjects in school?

9. What is your career choice? _____

10. Do you feel you need to improve your grades? { } YES { } NO

Why? _____



STUDENT NEEDS ASSESMENT

PRINT Student Name: _____

Academic:

- | | | | |
|----|---|-----|----|
| 1. | Do you need help with study skills? | Yes | No |
| 2. | Do you need assistance improving your mathematics skills? | Yes | No |
| 3. | Do you need help in Science? | Yes | No |
| 4. | Do you need help in Computer Aided Instruction? | Yes | No |
| 5. | Do you need Tutoring? | Yes | No |
| | What Subjects? _____ | | |
| 6. | Do you need assistance with test taking skills? | Yes | No |
| 7. | Are your parents involved in your education? | Yes | No |
| 8. | Do you need assistance in improving your writing skills? | Yes | No |
| 9. | Do you need practice in critical thinking skills? | Yes | No |

Total _____

College Preparation:

- | | | | |
|-----|--|-----|----|
| 10. | Do you need assistance with ACT/SAT preparation? | Yes | No |
| 11. | Do you need to learn some "college survival skills"? | Yes | No |

Total _____

Career Needs:

- | | | | |
|-----|--|-----|----|
| 12. | Are you interested in conducting research? | Yes | No |
| 13. | Are you interested in a Math or Science related career? | Yes | No |
| 14. | Do you need assistance in career planning? | Yes | No |
| 15. | Do you need to explore jobs related to your interests? | Yes | No |
| 16. | Do you need to know about the employment outlook in your area of interest? | Yes | No |

Total _____



PRINT Student Name: _____

**STUDENT INFORMATION RELEASE FOR
ST. THOMAS UNIVERSITY
SCIENCE & MATHEMATICS FELLOWS PROGRAM**

The information you provide to the Science & Mathematics Fellows Program and/or St. Thomas University is for STU and the U.S. Department of Education only. The information provided in this application is necessary to determine eligibility for the program and may be used for research purposes. Only Science & Mathematics Fellows Program, STU personnel and U.S. Department of Education personnel have access to these records.

I give consent to release the following information to the Science & Mathematics Fellows Program as requested:

- Standardized Test Results (ACT, SAT, SAT II, FWT, FCAT, PSAT, AP)**
- High School Grade Reports (only high school students)**
- High School Transcripts (only high school students)**
- College Transcripts (for dual enrollment and college students)**
- College Admission and Financial Aid Records**

Further, I give consent for the Science & Mathematics Fellows/St. Thomas University staff and my child's school representatives to discuss my child's academic progress and general school activities for the purposes of identifying needs and coordinating services.

I consent for Science & Mathematics Fellows Program/St. Thomas University to use photographs for news releases, publicity, and other information about the program released to the public.

I give consent for this release to remain in effect until my participation in the Science & Mathematics Fellows Program ends, if selected as a Science & Mathematics Fellow Program participant. If not selected for the Program, I give consent for the information provided in this application and information released as described above to be used by the Science & Mathematics Fellows Program for Research projects.

PRINT Name of Student:

Student Signature: _____ / ____ / ____
Date:

Parent/Guardian Signature (if minor): _____ / ____ / ____
Date:



GUIDANCE COUNSELOR RECOMMENDATION FORM

(Student's Name) _____ has applied to St. Thomas University's Science & Mathematics Fellows Program. Your evaluation is requested with the assurance that all statements will be kept confidential. **This form is a part of the applicant's application form; please return it as soon as possible.**

IN MY OPINION

		Strongly Disagree	3	Strongly Agree	
This student has a tendency to make mature judgments.	1	2	3	4	5
This student has the ability to live away from home for six weeks.	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5
This student has the internal motivation to be successful in this program.	1	2	3	4	5
This student has a strong background in math and/or science.	1	2	3	4	5
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, and health concerns)?

I recommend this student without reservation for participation in the Science & Mathematics Fellows Program.

I recommend this student with reservation(s) for participation in the Science & Mathematics Fellows Program.
(Please explain why on the back).

Print Name and Title:

Signature and Date:

Name of School:

Phone #:

Mail Completed Evaluation Form to:

**Science & Mathematics Fellows Program
St. Thomas University
16401 NW 37th Avenue
Kennedy Hall 200
Miami Gardens, Florida 33054**

OR e-Mail form to:

Sciencefellows@stu.edu



MATH INSTRUCTOR RECOMMENDATION FORM

(Student's Name) _____ has applied to St. Thomas University's Science & Mathematics Fellows Program. Your evaluation is requested with the assurance that all statements will be kept confidential. **This form is a part of the applicant's application form; please return it as soon as possible.**

IN MY OPINION

		Strongly Disagree		Strongly Agree	
This student has a tendency to make mature judgments.	1	2	3	4	5
This student has the ability to live away from home for six weeks.	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5
This student has the internal motivation to be successful in this program.	1	2	3	4	5
This student has a strong background in math and/or science.	1	2	3	4	5
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, and health concerns)?

I recommend this student without reservation for participation in the Science & Mathematics Fellows Program.

I recommend this student with reservation(s) for participation in the Science & Mathematics Fellows Program.
(Please explain why on the back).

Print Name and Title:

Signature and Date:

Name of School:

Phone #:

Mail Completed Evaluation Form to:

**Science & Mathematics Fellows Program
St. Thomas University
16401 NW 37th Avenue
Kennedy Hall 200
Miami Gardens, Florida 33054
Sciencefellows@stu.edu**

OR e-Mail form to:



ENGLISH INSTRUCTOR RECOMMENDATION FORM

(Student's Name) _____ has applied to St. Thomas University's Science & Mathematics Fellows Program. Your evaluation is requested with the assurance that all statements will be kept confidential. **This form is a part of the applicant's application form; please return it as soon as possible.**

IN MY OPINION

		Strongly Disagree		Strongly Agree	
This student has a tendency to make mature judgments.	1	2	3	4	5
This student has the ability to live away from home for six weeks.	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5
This student has the internal motivation to be successful in this program.	1	2	3	4	5
This student has a strong background in math and/or science.	1	2	3	4	5
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation and health concerns)?

I recommend this student without reservation for participation in the Science & Mathematics Fellows Program.

I recommend this student with reservation(s) for participation in the Science & Mathematics Fellows Program.
(Please explain why on the back).

Print Name and Title:

Signature and Date:

Name of School:

Phone #:

Mail Completed Evaluation Form to:

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St. Thomas University
16401 NW 37th Avenue
Kennedy Hall 200
Miami Gardens, Florida 33054
Sciencefellows@stu.edu**

OR e-Mail form to:



SCIENCE INSTRUCTOR RECOMMENDATION FORM

(Student's Name) _____ has applied to St. Thomas University's Science & Mathematics Fellows Program. Your evaluation is requested with the assurance that all statements will be kept confidential. **This form is a part of the applicant's application form; please return it as soon as possible.**

IN MY OPINION

		Strongly Disagree			Strongly Agree
This student has a tendency to make mature judgments.	1	2	3	4	5
This student has the ability to live away from home for six weeks.	1	2	3	4	5
This student is cooperative with teachers and adults in authority.	1	2	3	4	5
This student is a team player (works well in a group).	1	2	3	4	5
This student has the internal motivation to be successful in this program.	1	2	3	4	5
This student has a strong background in math and/or science.	1	2	3	4	5
I know this student well.	1	2	3	4	5

Are you aware of any current circumstances or problems which may affect the applicant's performance or participation in this program (e.g., financial background, family responsibilities, educational preparation, and health concerns)?

I recommend this student without reservation for participation in the Science & Mathematics Fellows Program.

I recommend this student with reservation(s) for participation in the Science & Mathematics Fellows Program.

(Please explain why on the back).

Print Name and Title:

Signature and Date:

Name of School:

Phone #:

Mail Completed Evaluation Form to:

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16401 NW 37th Avenue
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Miami Gardens, Florida 33054
Sciencefellows@stu.edu**

OR e-Mail form to:



PRINT Student Name: _____

ESSAY

Please write an essay answering **BOTH** of the following questions (1-2 pages in length):

- A. Why should St. Thomas University consider your participation in the Science & Mathematics Fellows Program and what is your previous involvement with science or scientific research if any?
- B. What do you expect from the Science & Mathematics Fellows Program?

Student Signature:

_____/_____/_____
Date: