

SSTP Application Form



University of Florida
Center for Precollegiate Education and Training
Student Science Training Program
June 14 – August 1, 2009

Completion Checklist: [] Application [] Transcript [] Honors / Activities [] [] [] Essays [] [] Teacher Endorsements

Instructions: Please type or print. Applications will be reviewed and applicants will be invited on a rolling basis beginning **March 6, 2009**, and accepted until the program is full. A complete application consists of: application form; official current transcript with cumulative GPA; PSAT, SAT, and/or ACT scores; two statements of endorsement from science and/or math teachers; and three brief essays. All application materials must be word processed on **8 1/2" x 11"** paper and applicants name must appear on the upper right-hand corner of each page. Photocopies of application forms and materials are accepted if the entered information and signatures are original.

Submit all materials to: UF-SSTP Selection Committee
Center for Precollegiate Education and Training
PO Box 112010, Yon Hall Room 334
Gainesville, FL 32611-2010
Phone: (352) 392-2310

Financial Assistance

Limited funding is available for students meeting donors' criteria. If you wish to request financial support for your 2009 SSTP program fees, print the SSTP Financial Aid Application from www.cpet.ufl.edu/SSTP/Forms.html, and mail the completed form with your SSTP application.

Student Information

Name: _____ SS# _____
First Middle Initial Last Social Security Number

Home Address: _____
Street City State Zip

Phone: (____) _____ Birth Date: ____/____/____ Gender: Male | Female
Month Day Year

E-Mail Address: _____ T-Shirt Size: XXL | XL | LG | MD | SM

Student Cell Phone: (____) _____ Current Grade in School: 10 | 11 Do you plan to attend college? Yes | No

Research Interest

Indicate your preference for research participation: [] Life Science [] Physical Science

What area of research are you particularly interested in within that category? _____

Whenever possible, students are matched to professors who are working in an area in which the student has expressed interest. Certain professors require background course work which the applicant must have completed. Placement in a preferred research area cannot be guaranteed.

Please briefly describe any previous research experience you have had _____

Do you have any objection to working with invertebrate and/or vertebrate animals in your laboratory assignment? Yes | No
(If yes, write a statement defining your objection and attach to submitted application paperwork.)

List computer languages or programs you know _____

I understand that placement in a research area is dependent on availability, and on academic criteria set by the mentor. I agree to participate fully in the research area in which I am placed. _____
Applicant's Signature

School Information

High School: _____ County: _____

Guidance Counselor: _____ Phone Number: (____) _____
Name Area Code Telephone Number Ext.

Science Department Chair: _____ Email Address _____

Honors and Activities

List science and non-science honors, awards, extracurricular activities, offices held (attach a separate sheet).

Standardized Test Results

	Date		Raw Score		Percentile	
	Month	Year	Verbal	Math	Verbal	Math
PSAT						
SAT						
ACT						

If designated "Gifted" in Florida, when? _____ / _____ , by whom? _____ , and by what criteria? _____
Month Year School, Private Psychologist, etc IQ Test, Achievement, etc

Essay

On a separate sheet, written in black ink or typed, write essays which address each of the following:

1. What interests you most about science? What do you want to be doing ten years from now? (*Two-part: Maximum 200 words*)
2. Describe one significant accomplishment or life experience, your age at the time, and what it meant to you. (*Maximum 200 words*)
3. Discuss an individual who has influenced you. What attributes of this person's intellect or character do you most admire? (*Maximum 200 words*)

Please Note: *Your parent(s)/guardian(s) must read your essays and certify (sign) that it is your own work; see Parental Consent section below. Students name must appear on the upper right-hand corner of each separate sheet.*

Parental Information

Mother's Name: _____
Last Name First Name Middle Initial

Home Address: _____
If Same as Student Please Write "SAME"

Occupation or Position: _____ Business E-Mail: _____
If retired, former occupation; if self-employed, kind of work or business

Employer: _____ (_____) _____
Name Area Code Telephone Number Ext.

Father's Name: _____
Last Name First Name Middle Initial

Home Address: _____
If Same as Student Please Write "SAME"

Occupation or Position: _____ Business E-Mail: _____
If retired, former occupation; if self-employed, kind of work or business

Employer: _____ (_____) _____
Name Area Code Telephone Number Ext.

Parental Certification/Consent

In signing this form, I acknowledge and certify that I am at least 18 years of age and the legal parent or guardian of my son/daughter who is applying to the SSTP at the University of Florida. I certify that, if selected, my son/daughter has my permission to participate in this program for precollege students. I understand that if accepted, my son/daughter will be subject to the rules and regulations of the host institution and the program. I further understand that if my son/daughter is accepted into the program, I will be required to sign releases of liability, program contracts, financial responsibility forms, medical information/consent and other legally binding agreements on behalf of my son/daughter. I also understand that I will be responsible for any program fees, and that no refunds of program costs will be made after the program registration on June 15, 2008. I understand that if cancellation occurs prior to program registration, all program fees paid by me will be refundable except an administrative fee of \$150 which will be assessed by the Center for Precollegiate Education and Training.

I certify that the information contained in all application materials (forms, transcripts, letters of recommendation) is true, complete, and correct with no material omissions of fact(s) that are or should be known to me. I further certify that I have read the essay submitted with this application and that this essay was written by my son/daughter without the assistance of another person.

Legal Parent/Guardian: _____ Date: _____