

ENGINEERING SUMMER PROGRAM

Two sessions: June 25-29 **OR** July 30-August 3, 2018

Applications must be postmarked by **May 16, 2018**. All applications will be evaluated (by a committee) after June 1st.

Acceptance to the program is competitive and limited to 20 students. Applicants will be selected based on all three components (letters of recommendation, essays, and grades).

A complete application should include two recommendation letters from teachers using the enclosed forms (one from a science teacher and one from another teacher of your choice) sent directly to the address below. In addition, please submit a copy of your high school transcript AND your most recent report card.

Limited number of full and/or partial scholarships are available to applicants who are eligible for the Federal free or reduced lunch program. Please submit a letter, on letterhead, from an official at the school district **or** the letter you received stating that you are eligible for the free or reduced lunch program.

Your Name _____
last first middle

Mailing Address _____
Street
_____ city state zip

Session Preference: June 25-29 **OR** July 30-August 3

Gender _____

Phone # _____ Career Goal _____

High School _____ Year of Graduation _____

Date of Birth _____ Tee-shirt size _____

E-mail address _____ Parent email address _____

Information on your letters of recommendation (to be sent directly from teacher):

Name of science teacher: _____

Name of math teacher: _____

Postmark Applications by May 16, 2018:

Institute for STEM Education

092 Life Sciences Building

Stony Brook University

Stony Brook, NY 11794-5233

Tel: 631-632-9750; Fax: 631-632-9791

Email: istem@stonybrook.edu

Your Name _____

last

first

middle

Essay Questions

1. What are your future goals and plans?

2. Why does this program interest you and what are your expectations, if any?

Institute for STEM Education

 STONY BROOK UNIVERSITY

ENGINEERING SUMMER PROGRAM

Science Teacher Recommendation Form

(To be completed by a science teacher who has taught you.)

Student's Name _____

Teacher's Name _____ School _____

Capacity in which you know this student _____

Please compare this student to the others that you have taught:

| | Top 2% | Top 10% | Top 25% | Top 50% | Less than 50% |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Maturity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Positive interaction with peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inquisitiveness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to complete tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature _____

Date _____

Deadline: 05/16/18

Please send to: Institute for STEM Education, 092 Life Sciences Building,
Stony Brook University, Stony Brook, NY 11794-5233
(tel: 631-632-9750; fax: 631-632-9791; e-mail: istem@stonybrook.edu)

ENGINEERING SUMMER PROGRAM

Math Teacher Recommendation Form

(To be completed by any teacher who has taught you.)

Student's Name _____

Teacher's Name _____ School _____

Capacity in which you know this student _____

Please compare this student to the others that you have taught:

| | Top 2% | Top 10% | Top 25% | Top 50% | Less than 50% |
|---------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2% 10% Maturity | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Top Top Top 25% Top 50% | | | | | |
| <input type="radio"/> | | | | | |
| Positive interaction with peers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Inquisitiveness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Ability to complete tasks | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature _____

Date _____

Deadline: 05/16/18

Please send to: Institute for STEM Education, 092 Life Sciences Building,
Stony Brook University, Stony Brook, NY 11794-5233
(tel: 631-632-9750; fax: 631-632-9791; e-mail: istem@stonybrook.edu)