UNIVERSITY OF ROCHESTER
PRE-COLLEGE EXPERIENCE IN PHYSICS
to encourage the participation of women in science
Summer Program: July 8 – 19, 2019
www.pas.rochester.edu/about/community-programs/prep

STUDENT APPLICATION FORM

Please type, or print in ink:

1. ____________________________________________
   Last Name                First Name                Nickname

2. ____________________________________________
   Street Address or Box Number                           Town/City                           Zip Code

3. ____________________________________________
   Parent/Guardian Name               Home Phone              Work Phone

4. ____________________________________________
   School District                                    School Name                          Present Grade

5. Age_________________ Email Address __________________________

STUDENT SIGNATURE REQUIRED. PLEASE READ CAREFULLY.
I have read the program description, and if selected for PREP, I will do my best to participate in all parts of the program as described.

_________________________________________  ____________
Student Signature                           Date

PARENT/GUARDIAN PERMISSION STATEMENT
I hereby grant permission for my child to apply to this program and for school officials to report my child's grades as required. I understand that the recommendation and transcript information will be held in confidence by all members of the screening committee and that applications will not be returned to students. Also, I will allow my child to complete questionnaires designated to evaluate the program. I further permit my child to participate in media events and to be photographed for publicity related to the program.

_________________________________________  ____________
Parent/Guardian Signature                   Date
PRE-COLLEGE EXPERIENCE IN PHYSICS

to encourage the participation of women in science

Student: ____________________________
School: ____________________________

PREP APPLICATION: STUDENT ESSAY

Please state, using approximately 1/2-1 page, what you hope to gain by participating in the PREP program. How will this program help you achieve some of the goals and dreams that you have for your future? Please describe relevant experiences and people that have influenced you. If you wish you may attach your essay on a separate page. Be sure to sign your essay.

When you have completed the application, and both you and your parent/guardian have signed it, please send it by April 30 to
Ms. Connie Jones, UR PREP, Dept. of Physics & Astronomy
University of Rochester, Box 270171, Rochester, NY 14627-0171
Phone: (585) 275-5306   Fax: (585) 273-3237
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Student: __________________________
School: __________________________

TO BE COMPLETED BY TEACHER

This student has applied to PREP, a challenging program of physics instruction, small-group projects, speakers, and tours. Our aim is to enroll not only young women who have demonstrated ability in math or science, but also students with possibly hidden potential who are highly self-motivated, enthusiastic, and who will stick with the program for its duration.

1. Approaches learning with responsibility and maturity; is highly self-motivated toward learning. (Low)                  (High)
   1     2     3     4     5
2. Shows interest and enthusiasm for math and/or science. 1     2     3     4     5
3. Participates in class discussions. 1     2     3     4     5
4. Shows respect for peers and teachers. 1     2     3     4     5
5. Has a good attention span. 1     2     3     4     5
6. Demonstrates disciplined work habits. 1     2     3     4     5
7. Shows potential for achievement. 1     2     3     4     5

Your frank assessment of the student's areas of both strength and difficulty will help us to create a supportive and appropriate learning experience. Specific examples are very helpful. You may use the back or attach your comments on an additional sheet. Thank you for your assistance.

ADDITIONAL DATA REQUESTED
Please attach photocopies of the student's recent report card to this application.

Signature of Teacher ________________________________________  School Phone Number __________________________

Print Name and Subject(s) teaching __________________________  email at school __________________________

PLEASE RETURN THIS FORM BY APRIL 30 TO:
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