UNIVERSITY OF ROCHESTER
PRE-COLLEGE EXPERIENCE IN PHYSICS
to encourage the participation of women in science
Summer Program: July 8 – 26, 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
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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
UNIVERSITY OF ROCHESTER
PRE-COLLEGE EXPERIENCE IN PHYSICS
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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) 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:
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 email: connie@pas.rochester.edu