

APPLICATION: ExploreSTEM

A continuing education program of Carroll Community College

(Please print or type legibly)

Personal Data			
_____	_____	_____	_____
Last Name	First Name	Nickname	Middle Initial
_____	_____	_____	_____
Street Address	City	State	Zip
Home Telephone _____	Age _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Current Grade <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
How did you hear about ExploreSTEM? <input type="checkbox"/> School <input type="checkbox"/> Library <input type="checkbox"/> Other (Describe) _____			
Areas of Interest: <input type="checkbox"/> Science <input type="checkbox"/> Technology <input type="checkbox"/> Mechanical Engineering <input type="checkbox"/> Electrical Engineering			
<input type="checkbox"/> Civil Engineering <input type="checkbox"/> Mathematics <input type="checkbox"/> Other (Describe) _____			

School & Community Activities/Responsibilities		
List up to four school or community related activities in which you have participated during the last two years.		
Name of school club/organization/sport	Dates Involved	Your Role
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Essay
Please tell us in one page or less why you are interested in participating in ExploreSTEM. Please attach an additional sheet of paper if necessary.

(Application continues on other side)

References

Please select two adults — one a teacher who can complete the attached TEACHER REFERENCE form for you and one, (not a teacher, parent, or relative) who can complete the attached COMMUNITY REFERENCE — and ask each to complete and submit the corresponding form to the address listed below by the application deadline. Complete the following to indicate to whom you gave the reference forms.

Teacher Reference

Name of reference

Position/Title

School

Telephone Number

Community Reference

Name of reference

Position/Title

Organization

Telephone Number

Parent/Guardian Permission

If accepted, my son/daughter has permission to participate in this program. I understand that this includes attending one full-day session at Carroll Community College on April 10 from 8:30 a.m. to 4:30 p.m. on each day. As this is a college/workplace experience, I understand that appropriate attire is required each day (no jeans, t-shirts, or shorts) and that I must provide transportation to and from Carroll Community College for my son/daughter on the day of the program.

Print Name of Parent or Guardian

Signature of Parent or Guardian

Date

Student Agreement

I certify that all answers given herein are true and complete to the best of my knowledge. If selected, I commit to attend the full-day session of ExploreSTEM. The program date is April 10 from 8:30 a.m. to 4:30 p.m. at Carroll Community College. As this is a college/workplace experience, I understand that appropriate attire is required each day (no jeans, t-shirts, or shorts).

Signature of Applicant

Date

Students at Carroll Community College, regardless of race, color, religion, sex, national origin, age or disability, have equal access to all services, programs, activities and facilities of the college.

Send application to:
Continuing Education and Training
Carroll Community College • 1601 Washington Road • Westminster, MD 21157

TEACHER REFERENCE FORM

Part 1—To be completed by Applicant

Last Name

First Name

Middle Initial

School

I am applying to be a participant in Carroll Community College's ExploreSTEM program.
I request and authorize you to complete Part 2.

Student Signature

Date

Part 2— To be completed by Teacher

The information you provide will be kept confidential and will not be divulged to the student.

Please send the completed form to:

**Continuing Education and Training
Carroll Community College
1601 Washington Road
Westminster, MD 21157**

Based on your knowledge, please rate this student for each criteria: 5 being the highest and 1 being the lowest.

	5	4	3	2	1
Student initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated willingness to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you recommend this student for ExploreSTEM?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Comments:

Teacher Name

Position

Signature

Date

School

COMMUNITY REFERENCE FORM

Part 1—To be completed by Applicant

Last Name

First Name

Middle Initial

School

I am applying to be a participant in Carroll Community College's ExploreSTEM program.
I request and authorize you to complete Part 2.

Student Signature

Date

Part 2— To be completed by Community Member (not a teacher, parent or relative)

The information you provide will be kept confidential and will not be divulged to the student.

Please send the completed form to:

Continuing Education and Training
Carroll Community College
1601 Washington Road
Westminster, MD 21157

Based on your knowledge, please rate this student for each criteria: 5 being the highest and 1 being the lowest.

	5	4	3	2	1
Student initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated willingness to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you recommend this student for ExploreSTEM?	<input type="checkbox"/> Yes			<input type="checkbox"/> No	

Comments:

Name

Position

Signature

Date

Organization