



# Summer Academy of Mathematics and Science

## Application

### Student Portion of the Application

(This section is to be completed by the student. Please print or type.)

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
(As of June 18, 2012)

Name of High School: \_\_\_\_\_

Complete Address of High School: \_\_\_\_\_  
Street City State Zip

Current Grade: \_\_\_\_\_  
(During 2011-12 school year)

**Please answer the following questions on a separate sheet and attach to the application. (200-350 words)**

1. Write a brief narrative about yourself. Include your interests, hobbies, goals for the future, etc.
2. List the activities (school, church, and community) in which you participate.
3. In a short paragraph, indicate why you would like to attend the Summer Academy of Mathematics and Science. What do you hope to gain from this unique summer experience?
4. List awards and honors you have received.
5. Please provide any additional information about yourself that you would like the selection committee to consider that would make you a great candidate for participation in this academic math- and science-centered summer program.

## Parent/Guardian Portion of the Application

(This section is to be completed by a parent/guardian.)

Primary Parent/Guardian's Name: \_\_\_\_\_

Relation to Participant: \_\_\_\_\_

Parent/Guardian's Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. **Please sign the release clause on the section of this form titled "Student Academic Record."** This will allow the participant's test scores, transcripts and class ranking to be released.
2. Please describe any characteristic(s) of the participant that you believe important for the selection committee to consider.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION FEE = \$50.00:** Personal checks, business checks and money orders are accepted for payment of registration. All payments must be made payable to the **MORGAN STATE UNIVERSITY FOUNDATION**. Any check that is returned unpaid will be charged a returned check collection fee of \$25.00

**NOTE: Selection to SAMS does not guarantee or imply admission into Morgan State University, the School of Computer, Mathematical and Natural Sciences or any University academic program. Students must apply and meet the necessary requirements for admission into the University and any particular school/college.**

Please **MAIL** the Student & Parent Portions of the Application and Registration Fee by  
March, 16, 2012 to:

**Summer Academy of Mathematics and Science (SAMS)**

**Nicassia Williams**

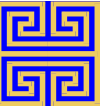
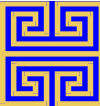
**Director of SAMS**

**Morgan State University**

**Key Hall Rm165**

**1700 E. Cold Spring Lane**

**Baltimore, MD 21251**



### Student Academic Record

(This section is to be completed by a school official after a parent or guardian signs the release clause.)

Student's Name: \_\_\_\_\_

By my signature below, I agree to the release of the transcript and test scores of the student named above as requested by these forms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature**

\* \* \* \* \*

Name of School: \_\_\_\_\_

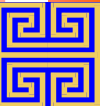
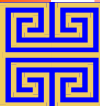
School Address: \_\_\_\_\_ County: \_\_\_\_\_  
Street City State Zip

\* \* \* \* \*

The student named above is applying to the 2012 Summer Academy of Mathematics and Science (SAMS) at Morgan State University. Please attach student's current high school transcript and ACT/SAT scores (**submission of ACT/SAT scores are only required for graduating seniors**), along with the School Counselor or Principal Recommendation, to this form and send by:

**MAIL or FAX by March, 16, 2012 to:  
Summer Academy of Mathematics and Science (SAMS)  
Nicassia Williams  
Director of SAMS  
Morgan State University  
Key Hall Rm165  
1700 E. Cold Spring Lane  
Baltimore, MD 21251  
FAX: (443) 885-8101**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
**signature of school official title of school official**



## School Counselor or Principal Recommendation

(This section is to be completed by a school official after a parent signs waiver portion.)

Student's Name: \_\_\_\_\_

By my signature below, I agree to the release of the transcript and test scores of the student named above as requested by the **Student Academic Record Form**.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Guardian Signature**

Please include here your recommendation (**or attach on a separate page**) on behalf of the student named above for the 2012 Summer Academy of Mathematics and Science (SAMS), a six-week academic summer program at Morgan State University. This program is designed for students preparing to enter the 10th, 11th, or 12th grades as well as for high school graduates who have exceptional interests in attending university to pursue math- and science-based careers and the drive to increase their Mathematics, English and Computer Science skills. **Please provide indicators and examples of the student's academic skills/development/curiosity specifically in math/science, interest in math/science, high reasoning skills and maturity level to assist the Committee with their student selections.**

You may phone (443) 885-4374 or email (nicassia.williams@morgan.edu) with any questions.

Please attach a current transcript along with this form and send by:

**MAIL or FAX by March, 16, 2012 to:  
Summer Academy of Mathematics and Science (SAMS)  
Nicassia Williams, Director of SAMS  
Morgan State University  
Key Hall Rm165, 1700 E. Cold Spring Lane  
Baltimore, MD 21251  
FAX: (443) 885-8101**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
**signature of school official title of school official**

## Teacher Recommendation

(This section is to be completed by a teacher after the student signs waiver portion.)

Student Name: \_\_\_\_\_.

Student Waiver (optional): \_\_\_\_\_ Date: \_\_\_\_\_

**Student's Signature here waives his/her right to review all recommendations.**

Teacher Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

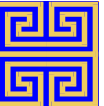
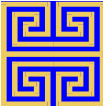
Position: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School: \_\_\_\_\_

### To the person completing this recommendation:

The student named above is applying for admission to Morgan State University's **2012 Summer Academy of Mathematics and Science (SAMS)**. This academic summer program is designed for students preparing to enter the 10th, 11th, or 12th grades as well as for high school graduates who have exceptional interests in attending university to pursue math- and science-based careers and the drive to increase their Mathematics, English and Computer Science skills. Our students will work and socialize together on the Morgan State University campus for six weeks, so it is very important that they be both academically motivated and socially prepared for exposure to this summer experience. Your candid and thoughtful appraisal of the applicant's academic and social readiness will be appreciated. **Please try to include specific examples where possible and feel free to write on the back or attach additional comments.** Mail or fax this recommendation to: **Nicassia Williams, Director of SAMS, Morgan State University, Key Hall Rm 165, 1700 E. Cold Spring Lane, Baltimore, MD 21251; FAX: (443) 885-8101** The student should supply an envelope for your use. **All application materials are due by March 16, 2012.** If you have any questions, please call (443) 885-4374 or email (nicassia.williams@morgan.edu). We sincerely thank you for your time.

1. How long have you known the student? \_\_\_\_\_
2. What subjects have you taught this student? \_\_\_\_\_
3. What words best describe the student's academic ability, including specific strengths and weaknesses? \_\_\_\_\_
4. Please comment on the student's ability to interact in a social setting. \_\_\_\_\_
5. In comparison to other students of equal age, describe the applicant's quality of work in your classes. If possible, cite specific projects, math and science interests, or abilities. \_\_\_\_\_



6. In comparison to other students you have taught, what is your appraisal of the student's overall potential to benefit from and participate in this unique academic summer enrichment program on a college campus? Please include comments on academic potential, maturity, ability to work with peers and show respect for others, etc.

7. For each of the following questions, rate the student on a scale of 1-5. Choose "1" when the statement is a very poor description of the student. Choose "5" for statements that are outstanding descriptions. Mark "N" for those items you are not able to judge.

	<b>Scale:</b>	<b>N</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
A. Has a strong grasp of fundamental concepts and principles and can make valid generalizations.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
B. Reasons things out well.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
C. Is very inquisitive; tries to discover the how and why of things.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
D. Is self-motivated.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
E. Sees work through to completion.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
F. Can work well with peers; is cooperative and respectful of others.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
G. Is congenial; rarely complains.		[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

8. Overall recommendation:

- \_\_\_\_\_ I believe this applicant is an outstanding choice for the SAMS program.
- \_\_\_\_\_ I believe this applicant is a good choice for the SAMS program.
- \_\_\_\_\_ I recommend this applicant with some reservation.
- \_\_\_\_\_ I believe that this applicant would not make a good candidate for the SAMS program at this time.

