

**Robert Noyce Program**

**Summer Training and Enrichment Program (STEP)**

**Advance Your Knowledge This Summer!**

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**Date:** Monday, June 22, 2020 – Thursday, July 16, 2020

**Time:** 9:00 am – 2:00 pm

**Eligibility:** Students completing 10<sup>th</sup> and 11<sup>th</sup>

**Participants will experience innovative instruction in:**

- Biology
- Chemistry
- Physics
- Mathematics
- Application Techniques

**Participants must have:** uninterrupted access to a Computer and Internet from 9:00 am to 2:00 pm.

**Stipend for Participants:**

- Stipend will be upon satisfactory and successful completion

**Application Deadline: Friday, June 5, 2020**

For more information, contact: [SUNORNSTEP@gmail.com](mailto:SUNORNSTEP@gmail.com)

Southern University at New Orleans-Robert Noyce Program  
Summer Training and Enrichment Program (STEP)

APPLICATION FORM

**APPLICANT: Please complete this form and email scanned copy along with your OFFICIAL TRANSCRIPT in scanned copies, and two completed RECOMMENDATION Forms to: [SUNORNSTEP@gmail.com](mailto:SUNORNSTEP@gmail.com). Application deadline: 5:00PM, Friday June 5, 2020.**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
MM/DD/YY

Current High School \_\_\_\_\_

Grade \_\_\_\_\_ GPA \_\_\_ Counselor's Name \_\_\_\_\_

Computer Available? \_\_\_ Yes \_\_\_ No Internet Available? \_\_\_ Yes \_\_\_ No

How did you hear about this program? \_\_\_ School \_\_\_ Parent \_\_\_ Friend \_\_\_ Other \_\_\_\_\_

Ethnicity: Black \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Other \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Did you participate in 2019 STEP Summer Camp? \_\_\_\_\_ Yes \_\_\_\_\_ NO

Do you plan to go to college after high school? \_\_\_\_\_

If yes, what College? \_\_\_\_\_ Expected Major? \_\_\_\_\_

What do you expect to contribute to STEP?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you expect this program to do for you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature or E-Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature or E-Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
High School Coordinator's Signature or E-Signature

\_\_\_\_\_  
Date

In signing this document, you validated the accuracy of information given above. Any incorrect information could result in your dismissal from the program.

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**RECOMMENDATION FORM**

**APPLICANT:** Complete this section only.

Type or print (legibly) all information requested. Email this form to a teacher, counselor, or educator you have asked to recommend you. The recommender should return the completed form to you with E-Signature. **Application deadline: 5:00PM, Friday June 5, 2020. For additional information, contact through [SUNORNSTEP@gmail.com](mailto:SUNORNSTEP@gmail.com).**

**Applicant**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_  
                     Last                                      First                                      Middle

**SS#** \_\_\_\_\_

**Recommender**

**Name** \_\_\_\_\_ **Subject** \_\_\_\_\_

**School** \_\_\_\_\_

**Institution** \_\_\_\_\_

**Acquaintance with applicant**

I have known this applicant for a period of \_\_\_ years and/or \_\_\_ months

I have known this applicant as: \_\_\_ a student ; \_\_\_ other (specify) \_\_\_\_\_

I have served as this applicant's: \_\_\_ teacher/instructor; \_\_\_ mentor; other (specify) \_\_\_\_\_

Please rate the applicant in comparison with other students you have known in similar stages academic development by checking a box in the appropriate box.

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Knowledge							
Creativity/Imagination							
Ability to work independently							
Ability to work with others							
Oral/ Presentation skills							
Writing skills							
Motivation toward academic goal(s)							
Maturity							
Overall rating							

Please add a few comments about the applicant's special abilities, strengths or weaknesses as it relates to this application.

\_\_\_\_\_  
 \_\_\_\_\_

E-Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_

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E-Signature of Evaluator \_\_\_\_\_

Date \_\_\_\_\_