

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

Advance Your Knowledge This Summer!

Date: Monday, June 5, 2023 – Friday, June 23, 2023

Time: 8:45 am – 12:45 pm

Eligibility: Students completing 10th and 11th

Participants will experience innovative instruction in:

- Biology/Chemistry
- Physics
- Mathematics
- English/Reading
- Applications of STEM
- ACT Prep

Stipend for Participants:

- Stipend (\$200) will be paid to students upon satisfactory attendance and successful completion

Application Deadline: Wednesday, May 31, 2023

For more information, contact: SUNORNSTEP@gmail.com

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APPLICATION FORM

APPLICANT: Please complete this form and email scanned copy along with your OFFICIAL TRANSCRIPT in scanned copies, and ONE completed RECOMMENDATION Form to: SUNORNSTEP@gmail.com Application deadline: 5:00PM, Wednesday May 31, 2023.

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/YYYY

Current High School _____ Parish _____

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 _____

Parent/Guardian's Name _____ Work Number _____ E-mail _____

Did you participate in 2022 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

Parent/Guardian's Signature or E-Signature

Date

High School Coordinator's Signature or E-Signature

Date

By signing this document, you are validating the accuracy of the information given above. Incorrect information may 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, Wednesday May 31, 2023. For additional information, contact through 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 _____