

High School Science Outreach Student Application

Please print legibly or type responses and return ORIGINAL + ONE COPY to:

**Bonnie Kaiser, Ph.D., Director, Science Outreach Program
The Rockefeller University, 1230 York Avenue, Box 53
New York, New York 10021**

Phone: 212-327-7431 Web site: <http://www.rockefeller.edu/outreach> Fax: 212-327-7519

Faculty Chair: Professor Bruce S. McEwen

Director: Bonnie Kaiser, Ph.D. bonnie@mail.rockefeller.edu

Coordinator: Joe Alonzo: alonzoj@mail.rockefeller.edu

BEFORE being considered for possible placement, you must complete and submit this application to the Science Outreach Program at the above address. You must be at least 16 years old to volunteer in a lab and at least 18 years old to complete a project involving any radioactive materials. **NO EXCEPTIONS!**

Complete the shaded sections on **Forms I-VI** and return your original and one copy.

I. The Rockefeller University Science Outreach Student Registration

II. Proposal for Science Outreach Student to Work in Laboratory for LS&EH Safety Approval.

III. The Rockefeller University Volunteer Health Information Form (see *DECLARATIONS*)

IV. Consent Form (see *Student Agreement and Parental and Student Consent Statement*)

Your **parents** and/or **guardian** and **you** must sign and date **Forms III & IV** and have a **Witness** sign **Form IV**. Anyone over 18 years of age may sign as a **Witness**.

V. The Essay

VI. Associations/Achievements

Submit **two letters of recommendation and your original high school transcript**. Letters can be from your teachers of science, math, physics, computer sciences, special projects coordinator (Intel, etc.), and/or former science research mentors. Enclose the **sealed originals** or have them mailed directly to our office. We will make copies of letters and transcripts.

Mail your completed application plus one copy (**TWO total applications**) to the address listed above. **Incomplete applications will not be circulated so double check everything.**

A prospective mentor may call you directly to schedule an interview. If you are contacted for an interview, be sure to follow up **AFTER** the interview, call your prospective mentor **AND** the Outreach Office **within three weeks** to confirm whether there has been a match. Call **(212) 327-7431** at any time to schedule an interview with the Director, Dr. Bonnie Kaiser, who will review program requirements with you. **Students are not considered formally accepted until they have taken the required Safety Training Course, obtained a Rockefeller University ID, and received a Formal Letter of Acceptance.**

While you may begin anytime after the Safety Training Course, your Letter of Acceptance is mailed in June before the formal Outreach Program begins with its social events and ScienTific Reading And Writing Course (**STRAW**). Students are required to attend in preparation to write their **Research Report** and give a **Poster Session** near the end of summer. A ***rolling admissions process*** is used and although positions are scarce (one in five is placed), there has been no set deadline in the past.

Please call at any time with questions or concerns. Please be patient and let us know if you have found a position elsewhere. **Because of the large number of applications received, we regret that we CAN NOT notify all applicants. All the best!**

I. The Rockefeller University
Science Outreach Student Registration Form

Last Name: _____ First Name(s): _____

Home street address: _____

(City) _____ (State) _____ (Zip) _____

If non-US Citizen, type of Visa*: _____ Expiration Date: _____

Are you authorized to work in the United States? Yes No

Home telephone number: _____ Social Security number: _____

Date of Birth: _____ Age: _____ male female **Email:** _____

At present, I am a sophomore junior senior recent HS graduate

At present, I am a new applicant returning applicant

For returning applicants only:

Will you be returning to your former host lab or would you like to request a new host lab

Returning students requesting a new host lab must submit a letter of recommendation from their former mentor.

Vital to PRINT LEGIBLY

Emergency Contact – *If student is placed the emergency information is shared with student's mentor*

Name: _____

Relationship: _____

Address: _____

(City) _____ (State) _____ (Zip) _____

Home Phone: _____ Work Phone: _____

School Contact information

School Name: _____

School Address: _____

(City) _____ (State) _____ (Zip) _____

School Phone: _____ School Fax: _____

School Principal: _____

II. Proposal For Science Outreach Student to Work in Laboratory for LS & EH Safety Approval

Name of Student: _____

Home Address: _____

Date of Birth/Age (you must be at least 16 years old): _____ / _____

Name of School: _____

To be filled out during interview with potential mentor

Description of project the student will be doing: _____

Please provide a summary of techniques the student is likely to use, as well as the materials and equipment in the laboratory which require particular care; these should be discussed with the student:

Techniques: _____

Materials and Equipment: _____

Does your laboratory use any of the following:

Radioactive materials: _____ Infectious Agents: _____

Human blood or blood products: _____ RU Hospital/Clinic Patient contact: _____

Human cells/tissues: _____ Tuberculosis: _____

Hepatitis B Virus (HBV): _____ Hazardous chemicals: _____

Laboratory Animals: _____

Others: _____

Please describe any involvement the student might have with any of these . Contact with the items listed above may require additional follow up and registration: _____

Please describe the student's past lab science courses, past lab experience, etc: _____

Date

Head of Laboratory (Sign/Print)

Date

Mentor/Supervisor (Sign/Print)

Start date (after LS & EH Safety Course): _____ Concluding date: _____ (Return ID to Security)

For LS & EH only: come cbt paperwork LARC

Approved: Yes No LS & EH Representative _____ Date: _____

IV. Consent Form

Student Agreement:

I, the undersigned, acknowledge that I have requested the opportunity to act as a volunteer in the Science Outreach Program at The Rockefeller University in order to further my educational goals and objectives, advance my knowledge in my particular field of interest or to provide a service to the university. I understand that if accepted, I will be subject to certain rules and regulations concerning safety, the laboratory, and general decorum and conduct. I also understand that this arrangement is by invitation and that the needs and plans of the university and the laboratory where I am assigned may change or require termination of the arrangement at any time.

Date* *Must be non-visitor Visa*

Student Signature/ Age

Parental and Student Consent Statement:

The undersigned (parent/s/, guardian/s/ of the above named minor understand, hereby consent and agree as follows:

1. Our son/daughter has been offered the opportunity to work at the Rockefeller University, assigned to the following identified laboratory:

Name of Laboratory Head _____ (*Name to be entered if or when placed.*)

We understand that laboratories are specialized environments involving the use of scientific instrumentation, chemicals and biologicals which even under ideal laboratory conditions may involve a degree of risk which is probably greater than ordinarily encountered in daily life and which certainly could involve greater risk if used improperly. We also understand that the laboratory personnel are mindful that they have special obligations and responsibilities to exercise care and attention in the instruction and supervision of our son/daughter, and in excluding them from activities they believe to be inherently dangerous or inappropriate to their experience level.

Our son/daughter will be required to attend a laboratory safety instruction course and will be taught and/or supervised in the proper handling of such instrumentation and materials to minimize risk.

2. We grant our permission to The Rockefeller University, its physicians, members of its faculty, agents, servants and employees to provide such emergency care and treatments, as in their judgment may be deemed necessary or advisable in the event that our child should require emergency care while acting in the course of his/her work at the University. We assume the cost of such emergency care and treatment, if any.

3. We accept responsibility for any treatment or care required by our child beyond the emergency status, and understand that we shall be liable for all costs and charges incurred on his or her behalf.

Date

Witness (Anyone over 18 years of age can sign as "Witness")

Signed: (parent/guardian)

Signed: (parent/guardian)

Signature of
applicant/Age:

My signature above indicates that all information included in this application is correct and honest to the best of my knowledge.

V. The Essay

An Essay is required as part of the application process. You may substitute a laboratory write-up or other scientific essay/paper if you are uninspired by the following question:

(Please type or print your response on 8.5 by 11 inch paper with your name at the top of each page.)

Please describe an historical or recent advance in science, health or technology and discuss the role you think basic and/or applied research played in that discovery. Would you like to be a part of that process of discovery and/or technology transfer? Why or why not?

Are you applying to do research as part of a special school project; e.g., Senior Project, INTEL, Siemens Westinghouse Science and Technology Competition, International Science and Engineering Fair (ISEF)?

Yes, (please describe) _____ No Undecided

Please list science and math teachers, or prior mentors, whose letters of recommendation are included. (Two are required - please ask teachers to sign the back of the envelopes - across the seal - and return them to YOU for enclosure. WE will make copies.)

1. Name: _____ **Work/School Phone:** _____

E-mail _____ **Fax:** _____

2. Name: _____ **Work/School Phone:** _____

E-mail _____ **Fax:** _____

Schools may consider mentored laboratory research conducted during the summer and/or during the school year as a course. Please ask your teacher or counselor to consider granting credit and/or a transportation pass.

Rate 1- 6. Please indicate research area preferences, with "1" as highest interest.

_____ Chemistry, biochemistry and structural biology _____ Neurosciences _____ Medical sciences

_____ Genetics, cell and developmental biology _____ Microbiology and immunology

_____ Physics, Math and Bioinformatics/Computer Science (relating to science & math)

Most positions are unpaid. However, sometimes a small amount of funding is available. Would you like to be considered for support? Yes No

VI. Associations/ Achievements

Please list other high schools you have attended.

Name and location	Dates (Month/Year)	
	From	To
<hr/>		
<hr/>		

Please list all full and part-time jobs you have held.

Position	Employer	Dates (Month/Year)	Hours per week
	From	To	
<hr/>			
<hr/>			

Please list hobbies, extracurricular, community and volunteer activities.*

Please list honors, papers, lab techniques, and/or computer programming skills.*

The following is for reporting purposes only and your response is voluntary.* How would you describe your national origin?

- | | | |
|--|---|---|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Pacific Islander/Asian | <input type="checkbox"/> Other |

Reminder: Have you enclosed your transcripts, essay, and two letters of recommendation? ☺

* In answering questions about associations, activities, achievements, you may exclude those activities, etc. which indicate your union status, age, race, national origin, religion, sexual orientation, citizenship or disability.

Federal, New York State and New York City Laws prohibit discrimination in employment on the basis of age, race, color, national origin, citizenship, religion, sex, sexual orientation, veteran, or marital status and disability. The Rockefeller University is an Affirmative Action/Equal Opportunity Employer.