

Summer Science Research Program

Application Form

www.barry.edu/biology/ssrp

GENERAL INFORMATION

The Summer Science Research Program (SSRP) provides a unique opportunity for high school students to experience the college environment, gain "hands-on" research experience, use state-of-the-art equipment, learn about college admissions procedure, and heighten their awareness of career opportunities in life sciences.

- **PROGRAM DATES:** June 13 – July 1, 2016
- **PROGRAM TIME:** 8:30am – 4:30pm
- Lunches and snacks are provided daily
- Recognition and Awards Luncheon held on July 1, 2016

GENERAL APPLICATION INSTRUCTIONS

1. Submit your application and supporting materials (see SUPPORTING MATERIALS section)
2. Please send all application materials to: **Dr. Flona Redway, Barry University, College of Arts and Sciences, Biology Department, 11300 NE 2nd Avenue, Miami Shores, FL 33161. Applications can also be emailed to fredway@barry.edu or faxed to 305 899-4866**
3. Please note: all application materials will be kept confidential

DEADLINE: June 6, 2016

For additional information, please contact Dr. Flona Redway. Phone: (305) 899-3542 or Email: fredway@barry.edu

ELIGIBILITY

1. Student with an interest in science entering the 10th, 11th or 12th grade.
2. Student with minimum weighted cumulative GPA of 3.0

SUPPORTING MATERIALS

1. Official Transcript (see TRANSCRIPTS section below)
2. One letter of recommendation from science or math teacher (see LETTER OF RECOMMENDATION section below)
3. Photograph (see page 3 of application form)
4. First page of your Parent/Legal Guardian's 2015 U.S. Income Tax Return; preference will be given to economically disadvantaged students

TRANSCRIPTS

1. All transcripts must be in an official envelope sealed by the institution or send directly by them
2. Since the transcript may take some time, please include in your application a copy of your last report card.

LETTER OF RECOMMENDATION

1. If delivered by the applicant, the letter must be signed and in an envelope sealed by the person issuing the recommendation
2. The recommender may submit recommendation via email from school URL address only

The SSRP is funded in part by Barry University; The Children's Trust; and with the support of the Miami-Dade County Department of Cultural Affairs and the Cultural Affairs Council, the Miami-Dade County Mayor and Board of County Commissioners. The Children's Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.



Barry University

PERSONAL INFORMATION (Please type or print clearly)Date: ____/____/____
Month Day YearSex: ☐ Male ☐ FemaleName: _____
Last First MiddleDate of Birth: ____/____/____ Age: ____
Month Day Year

E-mail Address: _____

Telephone Number: Home (____) _____ Cell (____) _____

Racial Group: ☐ American Indian/Alaskan Native ☐ Asian ☐ Pacific Islander ☐ Unknown
☐ Black/African American ☐ White/Caucasian ☐ Other: _____Ethnic Group: ☐ Hispanic ☐ Haitian ☐ Unknown ☐ Other: _____

Present Address: _____

City State ZipParent/Legal Guardian's Name: _____
Last First M.I.

Phone: Home (____) _____ Cell (____) _____ Work (____) _____

Parent/Legal Guardian's E-mail Address: _____

EDUCATIONAL BACKGROUND

Name of High School presently attending: _____

Current Grade in High School: _____

Grade Point Average: Weighted _____ Un-weighted _____

Is there anyone in your immediate family who has graduated from college? ☐ Yes ☐ No

List all Science, Chemistry and Mathematics courses you have completed, along with the letter grades.

Course	Grade Rec'd	Course	Grade Rec'd

INTERESTS AND CAREERS

Which area best describes your career goals?

- ☐ Professional (e.g. Law, Economics, Engineering) ☐ Biomedical (e.g. Medicine, Health Sciences, Therapist)
- ☐ Technical (e.g. Electrician, Mechanic) ☐ Science (e.g. Environmental, Researcher, Lab Technician, Professor)
- ☐ Other: _____

Describe your outside interests and/or hobbies:

DEMOGRAPHICAL INFORMATION

Do you consider yourself to have a disability? ☐ Yes ☐ No

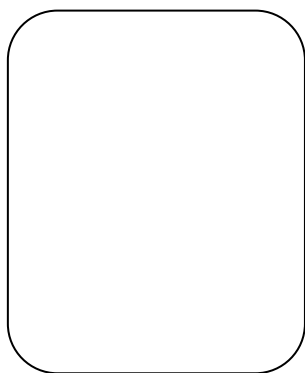
If yes, please describe the disability:

Do you consider yourself to be classified as being underserved? ☐ Yes ☐ No

If yes, please choose a classification that best describes you:

- ☐ Geographically Disadvantaged ☐ Economically Disadvantaged ☐ Disability ☐ Not applicable
- ☐ Other: _____

Are you a child of a military family? ☐ Yes ☐ No



Please affix photo above

Your head shot must be:

- In color
- Taken in full face view directly facing the camera

