

**DR. RONALD E. MCNAIR D.R.E.M.E. SUMMER SCIENCE CAMP**

**\* Monday- Friday \* July 16 thru Aug 1, 2012 \* 8:00 a.m. - 4:00 p.m.**

**Texas Southern University Science Bldg., 2<sup>nd</sup> Flr., Rm. 204, 4100 Ennis St., Houston, TX 77004**

**\* (866) 641-8482 \* [dremefoundation@gmail.com](mailto:dremefoundation@gmail.com) \***

**STUDENT APPLICATION FORM – DIV. II (High School) \***

***APPLICATION DEADLINE FEBRUARY 10, 2012***

Please type or print in blue or black ink. Records Request Form should be given to the school registrar. Academic records **should be attached** to the application. Teacher Recommendation Form should be given to Math or Science Teacher. Send all information pages 1-5 to the following address:

**D.R.E.M.E Science Literacy Foundation  
P.O. Box 580568  
Houston, TX 77258-0568**

**\* Has this student attended this camp previously? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, when \_\_\_\_\_**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F  
 Parent or Guardian: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Number & Street) (City & State)  
 Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

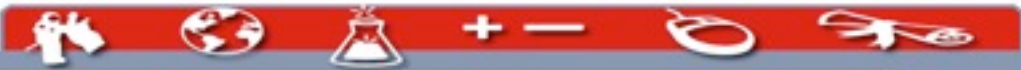
**\* In an emergency, if unable to reach parent, contact:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_

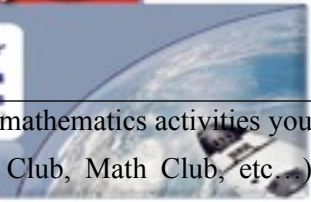
Name of school student will be attending during the 2012-2013 academic year: \_\_\_\_\_  
 \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
**\* Title I School: YES \_\_\_\_\_ NO \_\_\_\_\_** School District: \_\_\_\_\_

Please attach the following: • ALL Academic Grades for 2011-2012 including cycle 1, 2, 3 or 4 (depending on 6 <sup>th</sup> week cycle or 9 <sup>th</sup> week cycle report card) • TAKS and Achievement Test Results for: (Stanford, Iowa Test of Basic Skills, STARR etc...) - 2010-2011 School Year (required) - 2011-2012 School Year (if available)	T-shirt size	
	Adult: S M	L XL

\_\_\_\_\_



**Dr. Ronald E. McNair**  
**Educational Science Literacy Foundation**  
 P.O. Box 580562 • Houston, Texas 77258



Please list the organizations to which you belong and any science, technology, and/or mathematics activities you participated in 2010-2012 school years. (Science Fair, Science Olympiad, Science Club, Math Club, etc. . . .) Include awards received and office held. You may attach a separate sheet, if needed. \_\_\_\_\_

**(Division II – High School Campers – will be required to attend our three (3) day Health Science Component at the University of St. Thomas Houston Campus. The sessions will commence on Monday July 30<sup>th</sup> and conclude on Wednesday August 1<sup>st</sup> 2012)**

\* **Parent and student read and sign:** Cell phone usage during camp sessions can be very disruptive, therefore its use is not allowed. After (2) warnings of usage, your student may be dismissed from the camp.

Parent statement: *“I am aware of this cell phone usage policy and the extended three days”*

**In your own words, each student must print or type at least 300 words explaining why he/she is interested in attending the D.R.E.M.E. Summer Science Camp.**  
**You may attach a separate sheet, if needed.**



~~X~~ Parent signature: \_\_\_\_\_

Student statement: "I will not use my cell phone during camp session. In case of an emergency I will ask my camp teacher/facilitator if I may call. I agree to attend the additional three days."

~~X~~ Student signature: \_\_\_\_\_

\* How did you hear about this program? (Check all that apply)

\_\_\_\_\_ Email \_\_\_\_\_ Friend \_\_\_\_\_ Past Camper \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Dr. Ronald E. McNair Educational Science Literacy  
 Foundation (D.R.E.M.E.) Summer Science Camp  
 (866) 641-8482 ♦ [www.dremefoundation.org](http://www.dremefoundation.org)

TEACHER RECOMMENDATION FORM – (part 1)

*Please print or type.*

Name of Student \_\_\_\_\_

\_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

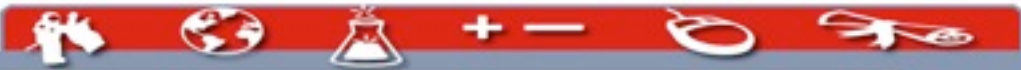
Name of Current Teacher \_\_\_\_\_

**NOTE TO TEACHER:** The student whose name appears above is applying for admittance to the Dr. Ronald E. McNair Summer Science Camp for students currently in the 8<sup>th</sup> grade entering 9<sup>th</sup> -10<sup>th</sup> grade in the fall 2012. You have taught this student, so you can tell if he/she is a good candidate for this two week program. Your candid estimate of academic performance, interest, and personal qualities is important to the selection committee in making final selections for this summer program. Once you finish the recommendation, put this form into an envelope and seal it. Write your name across the sealed flap so that your answers will be kept confidential. Please return the sealed envelope to the student as soon as possible. The student should then mail the envelope to:

**D.R.E.M.E. Science Literacy Foundation  
 P.O. Box 580568  
 Houston, TX 77258-0568**

*Please rate the applicant in comparison with other students who you have known at the about the same stage of their academic career. Place an X in the appropriate column.*

	<i>Outstanding</i>	<i>Good</i>	<i>Satisfactory</i>	<i>Poor</i>	<i>No basis to Judge</i>
<b>General academic achievement</b>					
<b>Eager to learn / motivated</b>					
<b>Oral Expression</b>					
<b>Written expression</b>					
<b>Ability to interact with peers</b>					



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Ability to work independently				
Maturity/behavior				
Participation in class				
Asset to class				

**TEACHER RECOMMENDATION – continued (part 2)**

\_\_\_\_\_  
Name of Teacher (Please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Teacher's email address

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

\* Title I School:    YES     NO

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

\_\_\_\_\_  
School Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

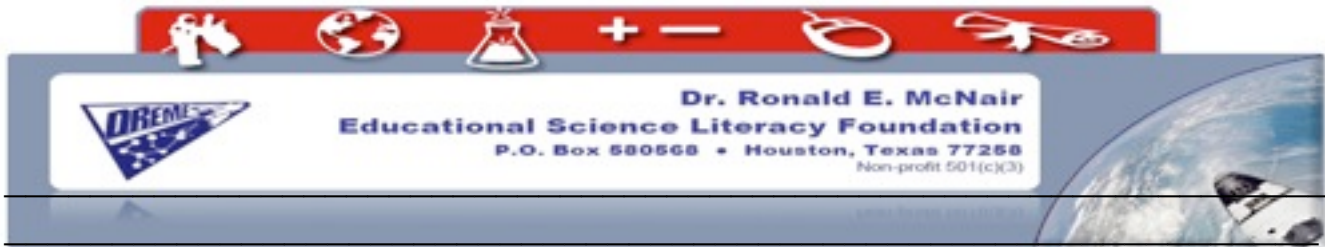
\_\_\_\_\_  
Zip code

1. How long have you known this applicant?  
\_\_\_\_\_

2. What subject(s) have you taught him/her? \_\_\_\_\_

Please add comments as to your overall recommendation of the applicant to the science camp.

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



\_\_\_\_\_  
 Teacher Signature

\_\_\_\_\_  
 Date

**SCHOOL RECORD REQUEST**

**Please attach records to the student application and forward this to:**

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 Science Literacy Foundation  
 P.O. Box 580568  
 Houston, TX 77258-0568**

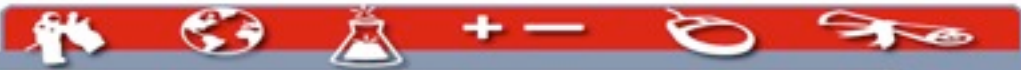
**REQUEST FOR RECORDS:** Your child should give this form to the school registrar at his/her school. Or, if you have a copy of the records, include this form with the records. A parent or guardian must sign this request so that the registrar can release the records. This set of records should include:

- ALL Academic Grades for 2011-2012 including cycle 1, 2, 3 or 4  
 (depending on 6<sup>th</sup> week cycle or 9<sup>th</sup> week cycle report card)
- TAKS and Achievement Test Results for:  
 (Stanford, Iowa Test of Basic Skills, STARR etc...)  
 - 2010-2011 School Year (required)  
 - 2011-2012 School Year (if available)
- Title I School: YES \_\_\_\_\_ NO \_\_\_\_\_
- Student participates in free or reduced meal program: YES \_\_\_\_\_ NO \_\_\_\_\_

***This form should accompany the records.***

Ethnicity:	White	Hispanic	Black	Pacific Islander	Other
Gender :	Male	Female	* Gender and ethnicity are strictly used for D.R.E.M.E reporting purposes only and are optional		

**\*\* Please ENSURE that ALL sections of the application are filled in and completed. NO exceptions!**



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\_\_\_\_\_  
Name of Student (Please print)

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Grade (current)

\_\_\_\_\_  
Homeroom Teacher

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
Date