HIGH SCHOOL HONORS SCIENCE PROGRAM APPLICATION
June 19 – August 6, 2016

Instructions: Download this application form, complete it and return via regular mail with other required documents. (Signed and sealed recommendation letters may be included in the packet or mailed separately.) Postmark deadline for application materials is March 15, 2016.

Mail to: Dr. Gail Richmond, HSHSP Director; 620 Farm Lane Room 319; Michigan State University; East Lansing, MI 48824

Make sure your name appears on all pages of your application materials.

NO materials or letters may be sent electronically.

Only US citizens and permanent residents are eligible for the HSHSP.

Student Information

Last Name

First Name

Middle Name

Gender: Male _____ Female _____

Ethnicity: White _____ Hispanic _____ African-American _____ Pacific Islander/Aleutian _____

Asian _____ Native American _____ Other (specify) _____________________________

Age: _____ U.S. Citizen? Yes _____ No _____ Permanent Resident? Yes _____ No _____

Street Address: ________________________________

City/State/Zip: ________________________________

Home Phone w/area code: ________________________________

Student E-mail: ________________________________

Student Cell w/area code: ________________________________

Parent/Guardian Information

Parent/Guardian(P/G) Name(s): ________________________________

P/G Street Address (if not same): ________________________________

P/G Cell w/area code: ________________________________

Father’s Name: ________________________________

Father’s Highest Degree: __________ Occupation: ________________________________

Mother’s Name: ________________________________
Mother’s Highest Degree: __________Occupation: ________________________________
Parents’ email: ___________________________ or ________________________________
High School Information

High School Name: 

HS Street Address: 

HS City/State/Zip: 

Principal’s Name: 

HS Phone Number/area code: 

Is your high school: Public _____ or Private _____ Grades in your HS: 9-12 _____ 10-12 _____ Other _______

High School Population 0-200 _____ 201-500 _____ 501-1,000 _____ >1,000 _____

Class Size: 0-50 _____ 51-100 _____ 101-300 _____ 301-500 _____ >501 _____

Applicant School Information

Intended Degrees (check all that apply): BA _____ MA _____ MD _____ PhD _____

Does your school have a Science Research Class? Yes _____ No _____

What are your academic areas of interest? ______________________________________

In what general area (e.g., chemistry, genetics, nuclear physics) would you like to do a project? ______________________________________

How did you learn about this program?

____________________________________

Do you have a physical disability or any other special need? Yes _____ No _____

If yes, please describe and note any special assistance you would need in order to participate in the HSHSP.

____________________________________________________________________

Is there anything else you would like me to know about you?

____________________________________________________________________

The names and e-mail addresses of the two teachers* whom I have asked to write letters of recommendation for me are:

____________________________________________________________________

____________________________________________________________________

* One must be a science teacher.