

**UNIVERSITY OF ROCHESTER  
PRE-COLLEGE EXPERIENCE IN PHYSICS  
Summer Program**

**STUDENT APPLICATION FORM**

Please type, or print in ink:

1. \_\_\_\_\_  
Last Name                      First Name                      Nickname
2. \_\_\_\_\_  
Street Address or Box Number                      Town/City                      Zip Code
3. \_\_\_\_\_  
Parent/Guardian Name                      Home Phone                      Work Phone
4. \_\_\_\_\_  
School District                      School Name                      Present Grade
5. Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_

**STUDENT SIGNATURE REQUIRED. PLEASE READ CAREFULLY.**

*If selected, I will do my best to participate in all parts of the program.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PARENT/GUARDIAN PERMISSION STATEMENT**

*I hereby grant permission for my child to apply to this program and for school officials to report my child's grades as required. I understand that the recommendation and transcript information will be held in confidence by all members of the screening committee and that applications will not be returned to students. Also, I will allow my child to complete questionnaires designated to evaluate the program. I further permit my child to participate in media events and to be photographed for publicity related to the program.*

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

\_\_\_\_\_  
Date

Student: \_\_\_\_\_

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

**APPLICATION: STUDENT ESSAY**

Please state, using approximately 1/2-1 page, what you hope to gain by participating in the research program. How will this program help you achieve some of the goals and dreams that you have for your future? Please describe relevant experiences and people that have influenced you. If you wish you may attach your essay on a separate page. **Be sure to sign your essay.**

**When you have completed the application, and both you and your parent/guardian have signed it, please send it to**

Ms. Connie Jones, Dept. of Physics & Astronomy

University of Rochester, Wilson Blvd., Rochester, NY 14627-0171

Phone: (585) 275-5306 Fax: (585) 506-0018

UNIVERSITY OF ROCHESTER  
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Student: \_\_\_\_\_

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

**TO BE COMPLETED BY TEACHER**

*This student has applied to participate in a program of physics research. Our aim is to enroll not only students who have demonstrated ability in math or science, but also those with possibly hidden potential who are highly self-motivated, enthusiastic, and who will stick with the program for its duration.*

	(Low)			(High)	
	1	2	3	4	5
1. Approaches learning with responsibility and maturity; is highly self-motivated toward learning.					
2. Shows interest and enthusiasm for math and/or science.					
3. Participates in class discussions.					
4. Shows respect for peers and teachers.					
5. Has a good attention span.					
6. Demonstrates disciplined work habits.					
7. Shows potential for achievement.					

*Your frank assessment of the student's areas of both strength and difficulty with specific examples is very helpful. You may use the back or attach your comments on an additional sheet. Thank you for your assistance.*

**ADDITIONAL DATA REQUESTED**

Please attach a photocopy of the student's recent report card marks to this application.

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

\_\_\_\_\_  
School/Phone Number

\_\_\_\_\_  
Print Name of Teacher and Subject(s) teaching

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO:**

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Phone: (585) 275-5306 Fax: (585) 506-0018