Applicant Nan	1e:
Home Phone:	
School Name:	

School Type: (circle) Public Private Tribal/BIA



NASA HONORS Summer Program 2002 NASAVIII

June 2, 2002-July 12, 2002

Sponsored by Oglala Lakota College's Model Institutions for Excellence Program, DLAL Interactive Learning Campus Grant, OCETI Sakowin Distance Education Program, and the South Dakota School of Mines and Technology, hosted on the SDSM&T campus in Rapid City, South Dakota

Application for 2002 Summer Honors Program

The Summer Honors Program is a six-week academic, residential program designed to enhance students in preparation for college entry. The program is designed for students who desire to excel in the areas of math, science and engineering.

ELIGIBILITY – Students entering the tenth grade by August 2002.

Students selected to participate in the program will be required to commit to residing on the South Dakota School of Mines and Technology (SDSM&T) campus for the entire six-week period, over four consecutive years.

COST – Support will be provided to cover student's instructional costs, room and board, books and supplies for students selected for the program.

APPLICATION PROCEDURE -

- ❖ The student shall have thoroughly completed all sections of the application, including personal information, questions 1-16 and the medical release information on the final page. **Incomplete applications will NOT be accepted.**
- ❖ Student's math and science teachers MUST complete one of the recommendation forms. The recommendation form can be completed by someone else who can highlight your personal strengthens (i.e. other teachers, school principal, coach, etc.).
- Complete academic transcripts are needed that include attendance and as current grades as possible for the academic year.
- Neatness of the application is important.
- ❖ Student selection will be based upon question 15 A-F (40%), academic and attendance record (20%), 2 teacher recommendations (30%) and parent permission (10%).

APPLICATION DEADLINE – This application must be returned by **APRIL 12, 2002.** Applications returned after this time will **not** be accepted for consideration into this summer's honor's program. Please return you application via mail to:

Susan Conrad Oglala Lakota College P.O. Box 490 Kyle, SD 57752

You can fax your completed application to (605) 455-2603. Official transcripts will need to be mailed upon faxing. If you have any questions or need to contact Susan Conrad, the phone number is (605) 455-2321, fax number is (605) 455-2603 or email: sconrad@olc.edu or sphelps@olc.edu

STUDENT INFORMATION

ate:_	Present Grade:	
1.	Applicant's Address:	
2.	Home Address:	
3.	Telephone: Email:	
4.	Social Security #:	
5.	Gender: M F	
6.	School:	
7.	Address:	
8.	Does your school have a guidance counselor? YES	NO
9.	If yes, please list his/her name:	<u> </u>
10.	What two school subjects do you like best and why?	
a	b	
11.	Please list any extra-curricular activities, academic organizations and ac	ctivities you participate in
for	example, sports, student organizations, cultural activities (language, da	ncing, drum groups), or
COI	nmunity volunteerism.	

fa	airs, most valuable player, etc.)
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13	3. Please provide a brief description of your background.
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14	4. Explain what you find most interesting about math, science, engineering and technology?
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	Explain the types of projects or experiments you would you be interested in working on in the areas of
n	nath, science, engineering or technology.
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help you to achieve those goals. Also explain what you would like to gain from participating in the				
NASA Honors Program. (Feel free to attach a separate sheet if necessary.)				

TEACHER RECOMMENDATIONS

* Two teacher recommendations are required.

Teachers: Please answer the following questions about the Summer Honor's Program applicant as you know them.

1.	What are the student's academic strengths?		
2.	How would you describe the student's learning style?		
3.	What will this student contribute to the Summer Honor's Program?		
4.	Why do you recommend this student for participation in the Summer Honor's Program?		

No application is complete unless most recent report card, transcript and all signatures are provided with application.

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8.	Why do you recommend this student for participation in the Summer Honor's Program?			

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Parent's Permission/Release/Medical Treatment Consent Form

NASA Honors Program

THIS IS A MEDICAL CONSENT RELEASE FORM. This is also a release for my son/daughter's likeness and name to be used in various omotional materials PLEASE READ CAREFULLY

promotional materials. PLE.	ASE KEAD CAKEFUL	LI.					
I give my permission for my son/daughter,, to participate in the Summer Honor's Program activities including accessing Internet and World Wide Web (www) resources. I also give my permission to my son/daughter's school to release information his/her student questionnaires, evaluations, testing and transcripts to the Summer Honor's Program Office. It is my understanding that only summary statistics will be used from these forms and that individual student information will be considered confidential. The Summer Honor's Program staff, to help determine student progress for the Summer Honors Program evaluation, uses these forms.							
		ner Honor's Program staff to use my son/daughter's name ticle associated with Summer Honors Program.	and picture on any news release,				
of the Summer Honor's Progra guardian, do hereby authorize	am any of it's officers or the Summer Honor's Pro	nes ill or sustains an injury while in the care or under super leaders are given permission to administer first aid, I ogram staff as agents for the undersigned to consent to give care which is deemed advisable by a Medical Doctor.	parent/legal				
effect for all activities in conju	nction with the Summer laughter has any illness of	n advance of any specific diagnosis, treatment or hospital of Honors Program. I understand the Summer Honor's Progr or accident requiring medical care, but give this consent a	ram staff will contact me as soon as				
	nts, or the South Dakota	mmer Honor's program organization, it's officers or leader School of Mines and Technology and/or it's officers and					
Signature of Parent/Guardian		Date					
Participant's Signature		Date					
Family Doctor							
Address		Phone					
Parent's Phone Numbers							
	Home	Work					
	Emergency→						
Parent's Address							
Date of Last Tetanus Shot							
Allergic to							

In selecting individuals for participation and otherwise in the administration of this project, SUMMER HONOR'S PROGRAM will not discriminate on the grounds of race, creed sex, color, age, handicap or national origin of any applicant.