

The Western Pennsylvania Summer STEMM Academy



June 19 – 30, 2017
<http://stemm.fcasd.edu>
(412) 967-2479

Program Overview: The Western Pennsylvania Summer STEMM (Science, Technology, Engineering, Math, and Medicine) Academy is a two-week summer program for high school students, grades 9 - 12 with an interest in STEMM pathways or a desire to learn more about them. The educational goals of the program include 1) for students to learn more about STEMM pathways and careers, 2) to strengthen partnerships between businesses and medical/educational institutions and their future employees, and 3) to encourage and foster the students' higher-order thinking through inquiry-based learning. These goals are aligned with the goals of the national initiative to promote interest in the STEMM fields.

The Western Pennsylvania Summer STEMM Academy is designed for students who are seeking an overview of the multiple opportunities in STEMM career pathways. Students will have the opportunity to interact with doctors, professors, and business professionals in the STEMM fields through guest speakers, round-table discussions, field experiences, and hands-on learning experiences.

The Western Pennsylvania Summer STEMM Academy will run for two weeks, Mondays through Fridays, June 19 – 30, 2017 at Fox Chapel Area High School. Sessions generally begin at 9 a.m. and end at 2:00 p.m. although times may be adjusted to accommodate field experiences. Students and parents will be notified in advance of any time adjustments.

Tuition: The total cost is \$400, with a \$50 discount for applying by March 1, 2017. Need-based aid may be available. For more information, send an email to wpstemm@fcasd.edu.

Selection: Selection is based on the quality of the student's application, transcripts, essay, and letter of reference. Applications are accepted on a rolling basis until all seats are filled. Students are notified of acceptance status shortly after the application is processed.

Required Application Materials: The following materials are required for application. Please ensure that the name of the applicant appears on each document.

- Completed application found on <http://stemm.fcasd.edu>
- Current transcript
- Typed 250-word double-spaced essay addressing the following topic:

Level One Applicants:

What area of STEMM interests you the most and why?

- One letter of reference from a science or math teacher (use form provided in application)
- Check for \$400 (or \$350 if applied by March 1) payable to Fox Chapel Area School District. Please indicate student name in the memo area of check.

If a student is not accepted, their tuition check will be returned.

Submission of Application Materials: Submit all materials together with the applicant's name on each document. Letters of reference may be submitted separately. Hand-deliver or mail applications to this address:

Ms. Lisa Gibson, Director
Western Pennsylvania Summer STEMM Academy
c/o Fox Chapel Area High School
611 Field Club Road
Pittsburgh, PA 15238

The Western Pennsylvania Summer STEMM Academy
Application for Admission
June 19 - 30, 2017

Applicant Information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Cell Phone: (____) _____

Student Email Address: _____

Parent Email Address: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Recommendation Information:

(Recommending teacher must complete the attached form to be submitted with this application, or must mail or hand deliver separately. The application is not considered complete until recommendation is received.)

Recommending Teacher Name: _____

Subject/Position: _____ Telephone: (____) _____

Teacher Email: _____

School Name: _____

School District: _____

School Address: _____

City, State, Zip: _____

Academic Information:

Current grade level: _____ 9th _____ 10th _____ 11th _____ 12th

Academic Interests:

Advanced Math and Science courses completed/currently enrolled:

How did you hear about this program?

- Teacher/Counselor
- Email
- Website
- Newspaper/Magazine
- Web Search
- Friend/Neighbor/Family

The signatures below verify that all of the information that I have submitted is true and accurate. The signatures below indicates agreement to participate in the Western Pennsylvania Summer STEMM Academy activities including recreational, field, laboratory, and academic activities, and to provide permission to use any photographs, video and course materials for future use by the Western Pennsylvania Summer STEMM Academy. Students will be responsible for transportation to and from the academy.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

The Fox Chapel Area School District does not discriminate on the basis of race, creed, color, sex, nationality, ethnic origin, age, or disability in the administration of its policies, hiring practices, employment practices, and admission to its programs, services, or activities, in access to them, in treatment of individuals with disabilities, or in any aspect of its operations. Additional information pertaining to civil rights, school district policies, and grievance procedures can be obtained by contacting David McCommons, Ed.D., at Fox Chapel Area School District, 611 Field Club Road, Pittsburgh, PA 15238; (412) 967-2456 between 8 a.m. and 4 p.m. Monday through Friday.

**The Western Pennsylvania Summer STEMM Academy
Science or Math Teacher Recommendation**

Applicant's Name: _____

High School: _____

Current Grade Level: _____

Subject: _____

Name of Teacher: _____

For each area below, please assess the applicant by assigning one of the following values:

A = Exceptional

B = Above Average

C = Average

D = Below Average

E = No Opportunity to Observe

_____ Intellectual motivation

_____ Initiative

_____ Ability to work independently

_____ Maturity

_____ Written communication skills

_____ Responsibility

_____ Organizational skills

_____ Critical thinking skills

_____ Verbal communication skills

_____ Listening skills

Please provide any additional information pertinent to the student's ability:

Please place a check below to indicate your recommendation:

_____ I highly recommend.

_____ I recommend.

_____ I recommend with reservations.

_____ I do not recommend.

Name: _____ Date: _____

Signature: _____

Email Address: _____