The Western Pennsylvania Summer STEMM Academy

June 20 – July 7, 2016
http://stemm.fcasd.edu
(412) 967-2479, ext. 1

Program Overview: The Western Pennsylvania Summer STEMM (Science, Technology, Engineering, Math, and Medicine) Academy is a three-week summer program for rising high school sophomores, juniors, and seniors 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 comprised of two levels. **Level One** is designed for students who are seeking an overview of the multiple opportunities in the STEMM pathways. Students will have the opportunity to interact with doctors, professors, and business professionals in the STEMM fields through guest speakers, field experiences, and hands-on project based learning.

**Level Two** is designed for students entering 11th or 12th grade who are seeking a concentrated experience in a specific STEMM field. In addition to select Level One opportunities, students in **Level Two** will complete and present an extensive research and application-based project in their intended STEMM career pathway. The students’ culminating projects will be presented on the final day of the academy session.

The Western Pennsylvania Summer STEMM Academy will run for three weeks, beginning June 20 – July 7, 2016 with the exceptions of Friday, July 1 and Monday, July 4, when there will be no sessions. Sessions generally begin at 10 a.m. and end at 1:00 p.m. although additional time may be needed and is subject to change depending on the program scheduling.
**Tuition:** The total cost is $400, with a $50 discount for applying by January 31, 2016. Need-based aid may be available. For more information send an email to wpstemm@fcasd.edu.

**Selection:** Selection will be based on the student’s application, resume, transcripts, essay, and letter of reference. Applications are accepted on a rolling basis and students will be notified accordingly.

**Required Application Materials:** The following materials are required for application. Please ensure that the name of the applicant appears on each document. Students must indicate on the application their preference for Level One or Level Two. Admission to Level Two is limited and not guaranteed.

- [ ] Completed application found on http://stemm.fcasd.edu
- [ ] Updated resume
- [ ] Current transcript
- [ ] Typed 250 word double-spaced essay addressing the following topic:
  - **Level One Applicants:** What area of STEM interests you the most and why?
  - **Level Two Applicants:** What is your anticipated career path and what do you hope to achieve and contribute through participation in the Level Two STEM Academy?
- [ ] One letter of reference from a science or math teacher (use form provided in application)
- [ ] Check for $400 (or $350 if applied by January 31) 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 Giguere, Director  
Western Pennsylvania Summer STEMM Academy  
c/o Fox Chapel Area High School  
611 Field Club Road  
Pittsburgh, PA  15238

**Questions:** For additional information, please visit http://stemm.fcasd.edu, email wpstemm@fcasd.edu, or phone (412) 967-2479, ext. 1.
The Western Pennsylvania Summer STEMM Academy

Application for Admission

June 20 - July 7, 2016

Preferred Program Level (circle one):

Level One  Level Two – Medical  Level Two – Engineering  Level Two – Technology

*See description of levels in Program Overview, page 1

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 indicate 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: ___________________________
STUDENT PARTICIPANT – PHOTOGRAPH / MEDIA RELEASE FORM

Throughout the duration of the 2016 Western Pennsylvania Summer STEMM Academy, you may be recorded, interviewed and/or photographed by representatives from newspapers, television stations and radio stations, as well as district communications office personnel or their designees and these items may be publicly displayed. Students, their work, and/or photographs may also appear in print media and/or electronically on places such as Web sites and through broadcasts. This form must be completed and submitted on the first day of the STEMM Academy, June 20, 2016. Please contact us with any questions or concerns regarding this matter.

I, ______________________ (print name), hereby grant to the Western Pennsylvania Summer STEMM Academy permission to display and share electronically via the Internet and/or in other displays and/or in the news media, photographs and/or video of me taken in conjunction with my participation in all activities/events associated with the STEMM Academy.

By signing this release, I understand and consent that photographs and/or video of me may be electronically displayed by the Fox Chapel Area School District, the Western Pennsylvania Summer STEMM Academy or by the news media. I also understand that the display of photographs/video of me on the Internet and/or in news media and/or in other displays will allow the photographs/video to be viewed by the general public.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Student’s Signature: ________________________________ Date: ______________

If this release is obtained from a student under the age of eighteen (18), then the signature of that student’s parent or legal guardian is also required.

Parent’s Signature: ________________________________ Date: ______________