



### Science Camp I

(7<sup>th</sup> & 8<sup>th</sup> Grade)

website: [www.utmb.edu/oeo](http://www.utmb.edu/oeo)

The UTMB Science Camp I is open to students **currently in the 7<sup>th</sup> or 8<sup>th</sup> grade** that attend public or private schools, or who are home-schooled in any of the nine (9) Galveston County School Districts (GISD, LaMarque ISD, Texas City ISD, High Island ISD, Dickinson ISD, Hitchcock ISD, Santa Fe ISD, Friendswood ISD, and Clear Creek ISD). Students may apply to attend **Camp I Session 1 from June 5 – July 2, 2009** or **Camp I Session 2 from July 6 - 31, 2009. Both sessions will be held from 8:00 A.M. – 12:00 Noon. No fee is required.** Campers gain information in general biology, chemistry, physical science, and basic laboratory safety techniques through a series of hands-on laboratory exercises and problem solving activities. Students are involved in activities such as: forensics, engineering and construction competitions, data collection using hand-held devices, biotechnology, career exploration and much more.

**APPLICATION DEADLINE: APRIL 04, 2009**

### Science Camp II (Advanced Camp)

(9<sup>th</sup> & 10<sup>th</sup> Grade)

website: [www.utmb.edu/oeo](http://www.utmb.edu/oeo)

The UTMB Science Camp II is open to students **currently in the 9<sup>th</sup> or 10<sup>th</sup> grade** that attend public or private school, or who are home-schooled in one of the nine (9) Galveston County School Districts (GISD, LaMarque ISD, Texas City ISD, High Island ISD, Dickinson ISD, Hitchcock ISD, Santa Fe ISD, Friendswood ISD, and Clear Creek ISD). Students may apply to attend **Camp II Session 1 from June 5 – July 2, 2009** or **Camp II Session 2 from July 6 - 31, 2009. Both sessions will be held from 1:00 P.M. – 5:00 P.M. No fee is required.** Student participants gain skills in molecular biology, cell structure & function, the chromosomal basis of recombinant DNA technology and basic research laboratory procedures. Camp II students are involved in activities that include but not limited to: Basic Chemistry labs, restriction enzyme digestion, PCR, DNA fingerprinting, gel electrophoresis, microbiology and much more.

**APPLICATION DEADLINE: APRIL 04, 2009**

# UTMB Summer Science Camp I

for

## 7th & 8th Graders

### General Instructions

**Prior Camp I participants are eligible to apply.**

STUDENTS:

- \* **Print or type all information.**  
Applicants are responsible for completing and returning pages 1-6 of the application packet by **5:00 p.m., on April 4, 2009.**
  
- \* **Completed application** forms should be mailed or returned to:  
  
Dr. Michele Marquette  
Program Manager, Science Education Programs  
UTMB Office of Educational Outreach  
301 University Blvd.  
Galveston, TX 77555-0919  
(409) 772-6972 or 772-7836
  
- Page 7 (Camp Guidelines) should **not** be returned. It is for your information.
  
- Pages 8, 9 & 10 should be given to your science teacher. The teacher should return the forms to our office. It is necessary for **student applicants to sign the waiver on page 8 of the Science Teacher Recommendation form.**
  
- **A brief essay and a Xerox copy of your most current 6-week report card should be returned with your completed application forms. Applications will not be considered unless all materials have been received!**

**UTMB**  
**SUMMER SCIENCE CAMP I**  
**FOR**  
**JUNIOR HIGH SCHOOL STUDENTS**  
**STUDENT APPLICATION FORM**

**PERSONAL**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name First MI (area code) phone#

3. \_\_\_\_\_  
Address City State Zip

4. \_\_\_\_\_  
Date of Birth Age

5. \_\_\_\_\_  
Name of Emergency Contact Phone Relationship

6. \_\_\_\_\_  
Mother's Name Mother's Occupation

\_\_\_\_\_  
Mother's Work Phone Mother's Home Phone

7. \_\_\_\_\_  
Father's Name Father's Occupation

\_\_\_\_\_  
Father's Work Phone Father's Home Phone

8. What are the ages of your brothers and sisters? \_\_\_\_\_

How many of them are in college? \_\_\_\_\_

Which college(s)?  
(Statistical Data)

## **EDUCATION**

9. Name of the Junior High School currently attended \_\_\_\_\_
10. Current Grade \_\_\_\_\_  
Program type honors\_\_\_\_\_, accelerated\_\_\_\_\_, gifted\_\_\_\_\_, or regular\_\_\_\_\_.
11. Counselor's Name\_\_\_\_\_ Phone\_\_\_\_\_
12. Do you plan to attend college? \_\_\_\_\_Yes\_\_\_\_\_ No Major (if known)\_\_\_\_\_
13. List academic honors/awards that you have received or for which you have been nominated. (use separate sheet if necessary)
14. What are your favorite subjects?

## **EXTRACURRICULAR ACTIVITIES**

15. Have you participated in this camp or a similar science enrichment program before? If so, when, where and who did you work with?
- a) Has any family member ever participated in UTMB Summer Science Camp? (List name and year if known) (*Statistical Data*)
16. What career(s) are you interested in pursuing?
17. List any school, church or community activities in which you have participated, your hobbies, interest and/or special skills. (attach a separate sheet if necessary)
18. Participants in this program are required to be present every day of the four weeks. Do you have any conflicting commitments for this summer? State reason, times and/or dates.
19. a) On a scale of 1-10 (10=highest), rank your desire for participation in this program.  
1 2 3 4 5 6 7 8 9 10 (circle your choice).
- b) Using the same scale, rank your parents desire for your participation in this program.  
1 2 3 4 5 6 7 8 9 10 (circle your choice).

**ESSAY**

20. Type or print neatly a 100 word essay that includes answers to the following: 1) Why you would like to participate in this summer program? 2) What you expect to gain by attending the camp? 3) Why science is important to you?  
**Please use a separate sheet for your essay.**

**APPLICANT'S CHECKLIST**

Before submitting your application, **due April 4, 2009**, please check that all forms listed below have been completed and returned by the deadline:

<b>Student application form</b> (includes essay ) (pages 1-6)	_____	<b>DEADLINE: April 4, 2009</b>
<b>Xerox copy of current 6 weeks report card</b>	_____	"
<b>Science teacher's recommendation form</b> (pages 8-10)	_____	Form to be returned by Teacher <b>by April 4, 2009</b>

**SUMMER SCIENCE CAMP I  
FOR  
JUNIOR HIGH SCHOOL STUDENTS**

**PARENTAL CONSENT FORM**

**NOTE TO APPLICANT: Your parent(s) or guardian(s) should sign and date this form. Return this form with the "Student Application Form" (pages 1-3).**

As the Parent/Guardian of \_\_\_\_\_, I certify that he/she has my permission to participate in the Summer Science Camp for Junior High School Students. I understand that he/she will be subject to the rules and regulations of UTMB staff. I understand that should a health emergency arise I will be notified.

The UTMB Science Education Programs in Educational Outreach has my permission to use images of my child taken during the program including photographs, digital images, video recordings, etc., in official university program reports and/or program advertisements.

Please answer the following questions:

1.) Does your child have any special needs or (physical) limitations? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify any accommodations needed \_\_\_\_\_

2.) Does your child have any known allergies (including food, i.e., peanuts)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list \_\_\_\_\_

**I have read the attached guideline sheet and understand that if my child does not comply, he/she may be released from the program.** Questions or Inquiries call (409) 772-6972/772-7836

**Student application form packet DEADLINE: April 4, 2009**

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

Application Forms (pages 1-6) should be returned to:

Dr. Michele Marquette  
Program Manager, Science Education Programs  
Office of Educational Outreach  
The University of Texas Medical Branch  
301 University Blvd  
Galveston, TX 77555-0919

UNIVERSITY OF TEXAS MEDICAL BRANCH SUMMER RESEARCH PROGRAM  
PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY

I, \_\_\_\_\_, the parent of \_\_\_\_\_, wish for my child to participate in the Summer Science Camp Programs at UTMB.

**The dates for Science Camp I: (Session 1 is June 5 – July 2, 2009 or Session 2 is July 6 – 31, 2009 both sessions from 8:00 A.M. to 12:00 Noon). The dates for Science Camp II (Session 1 is June 5 – July 2, 2009 or Session 2 is July 6 – 31, 2009 both sessions from 1:00 A.M. to 5:00 PM).** I understand it is my responsibility to confirm the final schedule in advance with the Program’s organizers. During my child’s participation in the Program, my child will participate in activities that include hands-on science experiments and scheduled field trips on or off UTMB campus.

I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my child’s participation in the Program, including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient physical and mental health to participate in the Program and does not have any physical or mental conditions, which could affect my child’s ability to participate in the Program. I have medical insurance coverage appropriate for my child’s participation in the Program and have provided evidence of such insurance coverage and emergency contact information to UTMB. UTMB shall not provide any insurance for my child in connection with his/her participation in the Program.

I understand that if my child requires medical treatment while participating in the Program, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for the child as may be deemed necessary under the circumstances, including, but not limited to, X-ray examinations, surgery and anesthesia.

If my child’s participation in the Program is at any time deemed detrimental to the Program or its other participants, as determined by the Program’s organizers in their sole discretion, I understand that he/she may be expelled from the Program without UTMB or the organizers incurring any liability.

**In return for my child’s participation in the Program, I fully and forever RELEASE, WAIVE AND DISCHARGE, and COVENANT NOT TO SUE, UTMB (including, but not limited to, its trustees, employees and representatives), from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys' fees), from any cause whatsoever (including, but not limited to, travel delays, property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my child’s participation in the Program, whether or not foreseeable or contributed to by the negligent acts or omissions of UTMB or others.**

This agreement may not be changed, and it may not be assigned or transferred. This agreement shall be governed by the laws of the State of Texas. In the event any provision of this agreement is held unenforceable, this will not affect any other provision and this agreement shall be construed as if the unenforceable provision had not been incorporated in this document.

Signature of Parents or Legal Guardians: \_\_\_\_\_  
\_\_\_\_\_

Printed Name of Parents or Guardians: \_\_\_\_\_  
\_\_\_\_\_

Parents’ Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone and email: \_\_\_\_\_

Date: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

# ATTACHMENT

## Supplemental Information Survey

This attachment is not a part of the general application and will not impact your admission into the program. It is for statistical data only. **Please return this form along with the general application.**

Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_

Gender (male) \_\_\_\_\_ (female) \_\_\_\_\_

Mother's Educational Background:

Grade 9-12 \_\_\_\_\_

H. S. Diploma \_\_\_\_\_

1-2 yr. College \_\_\_\_\_

3+ yr. College \_\_\_\_\_

College Graduate \_\_\_\_\_

Other Degrees \_\_\_\_\_

Father's Educational Background:

Grade 9-12 \_\_\_\_\_

H. S. Diploma \_\_\_\_\_

1-2 yr. College \_\_\_\_\_

3+ yrs. College \_\_\_\_\_

College Graduate \_\_\_\_\_

Other Degrees \_\_\_\_\_

Disadvantaged Status: **(check if applicable)**

\_\_\_\_\_ Economic (based on federal guidelines)

\_\_\_\_\_ Physical (a disabled person is an individual with a physical impairment which substantially limits one or more of such person's major life activities)

\_\_\_\_\_ Geographic (urban or rural-----**circle one**)

\_\_\_\_\_ Educational (persons in this category have limited educational opportunities available to them, usually because of school size and funding)

Race/Ethnic Classification **(check one)**

\_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_ Native American

\_\_\_\_\_ Black (Non-Hispanic)

\_\_\_\_\_ White (Non-Hispanic)

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Other (Specify)

## DO NOT RETURN

# SUMMER SCIENCE CAMP I GUIDELINES

(Information for parents/guardians)

### Keep for your records

1. **Students participating in the Summer Science Camp I for 7th and 8th graders are not charged a fee.**
2. **All students are expected to attend camp daily for the entire 4-week session.**  
**Science Camp I: (Session 1 is June 5 – July 2, 2009 or Session 2 is July 6 – July 31, 2009 both sessions from 8 A.M. to 12:00 Noon) Monday through Friday.**
3. Proper attire is expected at all times (short shorts, flip flops, sandals, shirts/blouses that allow stomach or chest exposure are inappropriate). **Students are expected to follow instructions and abide by the standards set forth by their instructors, as outlined by the Program Manager.**
4. Misconduct, disrespect, inappropriate language or other forms of inappropriate behavior will not be tolerated.
5. **Reports of misbehavior and/or no more than two days absence from camp will result in expulsion from the program.**
6. **Parents/guardians are responsible for pick-up and delivery of their student at the designated times:**
  - **Please do not drop your child off before 7:45 A.M.** (*Supervision is not available before this time*).
  - **Please pick up your child promptly by 12:00 Noon.** (*Supervision is not available after this time*).
  - Please make arrangements to adhere to this time frame. We can assist in obtaining temporary trolley passes and can facilitate car pooling upon request.
7. Mid-session snacks will be provided by the Program.
8. The Award Ceremony will be held on **Friday, July 31, 2009 at 5:00 P.M.**

**In case of emergency contact:** Dr. Michele Marquette  
Program Manager, Science Education Programs  
University of Texas Medical Branch  
(409) 772-6972 or 772-7836

Please help us to make this an exciting and fun-filled learning experience for each participant!

**SCIENCE CAMP I  
FOR  
7TH & 8TH GRADERS**

**SCIENCE TEACHER'S RECOMMENDATION**

**NOTE TO APPLICANT: Complete page 8 and deliver pages 8-10 to teacher.**

(PLEASE PRINT OR TYPE).

Name of Applicant \_\_\_\_\_  
Last First MI

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

**NOTE TO TEACHER:** The student whose name appears above is applying for admittance to the Summer Science Camp I for 7th & 8th graders. Your candid estimate of academic performance, intellectual promise and personal qualities is important to the selection committee in making final selections for this summer's program. Because of federal legislation giving student's access to educational records, we cannot guarantee the confidentiality of your statement unless the applicant has signed the waiver printed below.

**Teacher should return pages 8, 9 & 10 of this recommendation form directly to:**

Dr. Michele Marquette  
Program Manager, Science Education Programs  
The University of Texas Medical Branch  
301 University Blvd.  
Galveston, TX 77555-0919

**RECOMMENDATION FORM DEADLINE: April 4, 2009**

**APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS:**  
I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that all statements shall remain confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**TEACHER'S RECOMMENDATION**

1. How long have you known this applicant? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)
2. What subject(s) have you taught him/her?
3. **ASSESSMENT OF APPLICANT'S PERFORMANCE AND POTENTIAL:** Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers.

	Exceptional (Top 1%)	Outstanding (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Average (Lower 50%)	No Basis for Judgment
General academic achievement						
Achievement in science						
Scientific motivation						
Oral expression						
Written expression						
Imagination /creative potential						
Ability to interact with peers						
Ability to work independently						
Maturity /Behavior						

4. Please fill free to comment on any of the above categories.

**TEACHERS RECOMMENDATION**

5. Teacher's **overall** recommendation of applicant for science camp. Please indicate the strength of your overall endorsement of this applicant by placing a single check mark in one of the boxes:

1	2	3	4	5	6
Exceptional	Outstanding	Very Good	Satisfactory	Average	No Basis for Judgment
(Top 1%)	(Top 10%)	(Top 25%)	(Top 50%)	(Lower 50%)	

*\*(Only Science Teacher Recommendation Forms may be faxed: 409-772-7971).*

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

\_\_\_\_\_  
Printed Name of Teacher Phone

\_\_\_\_\_  
Name of Junior High School Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email Address

**If you would like to attend the closing award ceremony for the UTMB Summer Science Camps on July 31, 2009 at 5:00 P.M., please print a summer address or a summer email so that an invitation may be mailed to you. Thank you.**

\_\_\_\_\_  
Teacher Name Address

\_\_\_\_\_  
City State Zip