

CHECKLIST

Summer S.T.E.M. Academic Integrated Learning (S.S.A.I.L.)

Listed below are required items to participate in the
Summer **STEM** Academic **I**ntegrated **L**earning Camp.

***Please submit the following items by April 16, 2021. ***

Name: _____ High School: _____

- Application
- Leadership/Extracurricular Activities
- Honors/Awards
- Transcript
- Recommendations (2)
- Statement of Interest
- Parent Waiver
- Authorization/Release of Liability/Parental Permission

If you have questions, please call our office at (601) 885-7192/ (601) 885-7199
or email carrie.kirkland@hindscc.edu.

Submit the Summer STEM Academic Integrated Learning Camp Application

Option 1: Mail: Attn: Dr. Carrie Kirkland, Hinds Community College-Utica
Campus, 34175 Hwy 18, P.O. Box 1135, Utica, MS 39175

Option 2: Electronically: (Save filename as your First Name + Last Name
Application ex. *John Doe Application* and email to
carrie.kirkland@hindscc.edu)



Utica Campus 



Summer **S.T.E.M.** Academic Integrated Learning Camp Application

For Rising 11th and 12th Grade Students

Applicant Information

Please Print

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: _____ Age: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Cellular Number: _____

Email: _____

Ethnicity: _____

Parent(s)/Guardian Name(s) _____

Address (If not the same as above) _____

Phone number (_____) _____ Email _____

Do you have any disabilities that need special attention? If so, please specify:

Academic Information

High School: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Year Entered 9th Grade: _____

For Principal/Counselor Use Only

Name (*Please Print*): _____ Title: _____

Signature: _____ Date: _____ Student's GPA: _____ (4.0 Scale)

Have you taken or are currently enrolled in any college preparatory courses? If so, list and give final grade in course(s).

Choose your area(s) of interest? Check all that apply.

Science _____ Technology _____ Engineering _____ Mathematics _____

Professional Career of Interest: _____

Extra-Curricular Activities, Honors, and Achievements

Leadership/Extracurricular Activities

*Please list all **Extracurricular Activities/Clubs/ Organizations** you have participated in while in high school. As an option, you may also provide a written statement (in narrative form) which describes in detail volunteer service(s) you have provided in the community.*

Volunteer Services:

Activities/Clubs/Organizations

Dates Participated

Office Held

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors and Awards Received

Please list all the academic or non-academic honors and awards you have received.

Name of Honor/Award

Issued By

Dates Received

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Transcripts

*Please submit a copy of your transcript with this application. Applications without transcript will not be considered. **Please submit application and transcript to the address indicated below or email to carrie.kirkland@hindsc.edu.***

**Mail: Attn: Dr. Carrie Kirkland, Hinds Community College-Utica Campus, 34175 Hwy 18, P.O. Box 1135, Utica, MS 39175*

Statement of Interest

Describe how you became interested in the STEM area and discuss why you would like to be a part of this camp. Attach your statement to the application (one-page maximum typed).

By my signature, which appears below, I certify that the statements contained in this application are true and completed to the best of my knowledge. Further, I certify that the essay submitted herein is original and not under obligation to or currently being reviewed for consideration by any other entity or individual.

Print Name _____

Signature _____ Date _____

Applicant References

List names of the two individuals who will complete the recommendation forms on your behalf. Note: One (1) of the recommendation forms **must** be from a **Science, Technology, Engineering, or Mathematics** instructor.

Name: _____ Title: _____

Email: _____ Contact Number: _____

Name: _____ Title: _____

Email: _____ Contact Number: _____

Recommendation Form #1

Recommender's Name: _____ Title: _____

Signature: _____ Contact Number: _____

Applicant Name: _____

Please rank applicant's ability.

5= Exceptional 4= Superior 3= Average 2= Satisfactory

1= Improvement needed 0= Not applicable

Possesses a working knowledge of basic skills and factual information. _____

Completes homework and assignments in a timely manner. _____

Completes any assigned tasks in a timely manner. _____

Has a positive attitude in class, among peers, and adult's. _____

Attends class regularly. _____

Enjoys challenging problems, assignments, and issues. _____

Makes rational decisions. _____

Self-directed and independent, yet works well as part of a team. _____

Respectful of others. _____

Able to work under pressure. _____

Clearly expresses thoughts orally and written. _____

Plans and organizes activities, direct actions, and assess results. _____

Works well independently with minimal supervision. _____

Seems self-confident, happy and comfortable in most situations. _____

Is receptive to new tasks or experiences; seems able to take risks. _____

What is your overall recommendation of the applicant?

Highly Recommend

Recommend

Recommend with reservation

Do Not Recommend

Recommendation Form #2

Recommender's Name: _____ Title: _____

Signature: _____ Contact Number: _____

Applicant Name: _____

Please rank applicant's ability.

5= Exceptional 4= Superior 3= Average 2= Satisfactory

1= Improvement needed 0= Not applicable

Possesses a working knowledge of basic skills and factual information. _____

Completes homework and assignments in a timely manner. _____

Completes any assigned tasks in a timely manner. _____

Has a positive attitude in class, among peers, and adult's. _____

Attends class regularly. _____

Enjoys challenging problems, assignments, and issues. _____

Makes rational decisions. _____

Self-directed and independent, yet works well as part of a team. _____

Respectful of others. _____

Able to work under pressure. _____

Clearly expresses thoughts orally and written. _____

Plans and organizes activities, direct actions, and assess results. _____

Works well independently with minimal supervision. _____

Seems self-confident, happy and comfortable in most situations. _____

Is receptive to new tasks or experiences; seems able to take risks. _____

What is your overall recommendation of the applicant?

Highly Recommend

Recommend

Recommend with reservation

Do Not Recommend

Authorization/Release of Liability & Parental Permission

Participant's Name _____ D.O.B. (Date of Birth) _____

SS# _____ Grade _____ Cellular (____) _____

Home Phone (____) _____ Work Phone (____) _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Phone, if different from student (____) _____ Cellular (____) _____

Address, if different from student

PARENTAL CONSENT TO PARTICIPATE

(I)(We), the undersigned parent(s) of _____ DOB _____, a minor, do hereby consent to said minor's participating in the Summer STEM Academic Integrated Learning Camp conducted by Hinds Community College-Utica Campus.

AUTHORIZATION TO TAKE PICTURES

The parent(s) of the participating child give authorization allowing the child to be photographed, and the photos to be used in the promotion of the Summer STEM Academic Integrated Learning Camp at Hinds Community College-Utica Campus.

Parent's Name (Please Print): _____

Parent's Signature: _____

Date: _____

TRANSPORTATION AUTHORIZATION

The parent(s) of the participating child give authorization allowing the child to be transported to and from school. Furthermore, the parent gives authorization to transport the child on Summer STEM Academic Integrated Learning Camp educational cultural field trips.

Parent's Name (Please Print): _____

Parent's Signature: _____

Date: _____

Medical Release

I, _____, hereby give permission to Hinds Community College Utica Campus, Summer STEM Academic Integrated Learning Camp staff to seek medical treatment (private physician or hospital) or transportation for my child should any emergency arise. I understand that a conscientious effort will be made to locate the child's parent(s) before any action will be taken.

Parent's Name (Please Print): _____

Parent's Signature: _____

Date: _____

INSURANCE/MEDICAL INFORMATION

Name of Insurance Company

Group Number _____ Policy Number _____

Family Doctor _____ Phone _____

Any Medical Problems?

Any Known Allergies?

Any recent injuries or hospitalizations?

Parent Signature(s)

PERMISSION TO PICK UP YOUR CHILD

_____ Relationship to student _____

_____ Relationship to student _____

_____ Relationship to student _____

_____ Relationship to student _____

_____ Relationship to student _____

_____ Relationship to student _____

Parental Waiver

I, the undersigned, hereby give permission for my child _____, to participate in field trips sponsored by the Summer STEM Academic Integrated Learning Camp.

In consideration of the College making the program available, I hereby, for myself, my above-name child, my heirs and assigns, administrator or executor, and /or personal representative, forever release, discharge, and remise from liability Hinds Community College and its successors, assigns, officers, and trustees, and any or all of its employees from all rights, claims, causes or action of any sort, for injury or death sustained by my above-name child and/or any injury or damage to his/her property during his/her participation in the field trip. I also attest that my son or daughter is physically fit.

I further covenant and agree to indemnify, defend, and hold Hinds Community College and its successors, assigns, officers, and trustees, and any or all of its employees harmless from and against any and all liability, claims, demands, losses, or damage of any kind, including but not limited to, injury to, or death of, my above-named child, or damage to his/her property in any way arising from or in connection with his/her participation in the field trip. My indemnity and hold harmless agreement includes, but is in no way limited to, any damages on behalf of my child or the loss of services and medical expense damages.

I further state that I have full power and authority to sign this waiver, release, and indemnity form as the parent of my above-named child (or custodial parent of my above-named child if divorce, separated, or living apart from his/her other parent).

I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER, RELEASE, AND INDEMNITY FORM.

In witness whereof, I have executed this waiver, release, and indemnity form on this _____ day of _____, 20____.

Applicant's Name (*please print*)

Applicant's Signature

Date

Parent/Guardian's Name (*please print*)

Parent/Guardian's Signature

Date