

2017 CHECKLIST FOR HIGH SCHOOL SUMMER RESEARCH EXPOSURE PROGRAM

DUE DATE: March 30th, 2017

Following instructions closely is an important step towards a successful application. This list is to ensure that you have no confusion about what you need to do to complete your application and make certain that all forms are completed and turned in on time.

Check each of the following off as you complete them. **Do NOT wait until the last minute to complete these forms. Deadline extensions are not permitted.** Good luck!

- Locate and complete the on-line application form posted on the WFIRM website and read through additional forms with a parent. Discuss summer plans and whether you will be able to participate from June 5th to July 7th, 2017.
- Ask two of your current teachers to fill out a recommendation form for you. Be sure to give each teacher at least three days to complete the form and ask each to **put the form in a signed and sealed envelope. Unsealed & unsigned envelopes will not be accepted** and will be considered incomplete. Place the recommendations and additional forms in a packet to be mailed to Joan Schanck, Director of the High School Summer Research Exposure Program at the Wake Forest Institute for Regenerative Medicine. **Note: Please have teachers return forms directly to YOU. Do not have them mail them to us. You will need to mail their forms to us as described below.**
- Complete packets must contain the following forms:
 - Signed Agreement and Parental Consent
 - 2 Teacher Recommendations
- Place all forms in a large envelope and mail to:

Joan F. Schanck, MPA, Director, High School Summer Research Exposure Program
Wake Forest Institute for Regenerative Medicine
Wake Forest University Health Sciences
Medical Center Boulevard
Winston-Salem, NC 27157-7290
Phone: 336-713-1201

If you are selected to participate in the 2017 SREP at WFIRM you will be responsible for providing immunization records and documentation of a TB skin test by May 8th, 2017.

2017 AGREEMENT AND PARENTAL CONSENT

High School Summer Research Exposure Program Applicant Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Student Name (printed): _____

Signature: _____ Date: _____

Parental Consent

I understand that participation in the SREP program at WFIRM is entirely voluntary and that it requires that all students be covered by appropriate accident and medical insurance and that the student/parents be financially responsible for such expenses. My signature below verifies that I am covered by the required insurance.

I, _____, have read and understand all of the above provisions and application information, and consent my child, _____, to apply and to be considered for the 2017 Summer Research Exposure Program at the Wake Forest Institute for Regenerative Medicine.

Parent/Guardian Name (printed): _____

Signature: _____ Date: _____

2017 TEACHER RECOMMENDATION FORM

High School Summer Research Exposure Program Applicant Information

Student Name (printed): _____

Current Grade Level: _____ School: _____

Teacher Information

Teacher Name (printed): _____

Subject: _____

Phone Number: _____ E-Mail Address: _____

TO THE HIGH SCHOOL STUDENT APPLICANT: Fill out the applicant information section above and take it to two teachers at your school whom you have asked to recommend you for our program. Please allow your teachers at least one week to complete the recommendation form. You will return the recommendations and required consent forms in a packet to be mailed to *Joan F. Schanck, MPA, Director of the High School Summer Research Exposure Program, Wake Forest Institute for Regenerative Medicine, Wake Forest University Health Sciences, Medical Center Boulevard, Winston-Salem, NC 27157-7290.*

TO THE TEACHER: Please answer the following questions about the student named above. This student is applying to the High School Summer Research Program at the Wake Forest Institute for Regenerative Medicine (WFIRM). WFIRM is a very sensitive environment that requires a great deal of maturity and the ability to adapt to new situations and work across diverse teams. We would appreciate your insight about the student's responsibility, dependability and maturity. In addition, we are interested in comments that would help us learn more about the student and which also address the student's interest and performance in STEM disciplines.

Please make sure to place this form in a sealed envelope and place your signature across the seal. Please make sure to return this form to the applicant in time for it to be returned to us by the **March 30th, 2017** deadline.

On a scale from 1 to 5, rate the applicant on the following items.

1 = Strongly Disagree; 2 = Disagree; 3 = Unknown; 4 = Agree; 5 = Strongly Agree

Circle Ranking

I know the applicant very well	1	2	3	4	5
I can depend on the applicant to complete assigned tasks without prompting	1	2	3	4	5
The applicant acts maturely around both his/her peers and adults	1	2	3	4	5
The applicant does not create classroom disruptions	1	2	3	4	5
The applicant will have no trouble adhering to all policies and procedures including the restriction of cell phone usage on WFIRM property	1	2	3	4	5
There are no behavioral issues with the applicant	1	2	3	4	5
The applicant adapts well to new situations	1	2	3	4	5
The applicant would have no problem fulfilling requirement to participate the full length of the program at hours agreed upon with their mentoring team (June 5th to July 7th, 2017)	1	2	3	4	5

Teacher's Signature: _____ Date: _____

Comments: Please supply additional comments/recommendations on separate sheet

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