



Founded in 2001
By Dr. Mazen Shahin

Girls Exploration in Mathematics and Science (GEMS)

GEMS 2007, July 8 - 28, 2007
Dover, Delaware

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Additional funding provided by the US Department of Education.

Student Application Form

NOTE: THIS APPLICATION MAY BE DUPLICATED

The program is open to motivated young women in high school. We require that the student has completed Algebra II and Biology by July 2007. A complete application file includes the following items:

1. Student application form.
2. Two letters of recommendation from a mathematics teacher and a science teacher. Other letters of support are encouraged. Letters should be included in the student application package.
3. A 300 to 500-word essay describing the applicant's interest and involvement in mathematics and science. The essay should also tell us something about you as a person. The essay might be organized around one of the following topics: (a) a special interest in science or mathematics, (b) a project you have completed or would like to carry out, (c) your hopes for a career in science, mathematics or related fields, or (d) another topic relating to science, mathematics or an academic subject of your own choosing.
4. A transcript of your high school work to date. The minimal requirement is a B average.

All items must be received by **Monday, March 19, 2007**. Send the material to:

Dr. Mazen Shahin, Director of GEMS Program
Delaware State University
1200 N. DuPont Highway
Dover, Delaware 19901

Phone: (302) 857-7869

Fax: (302) 857-7050

E-mail: GEMS@desu.edu

URL : <http://gems.desu.edu>

Delaware State University
Girls Exploration in Mathematics and Science (GEMS)
July 8 - 28, 2007

Student Application Form
NOTE: THIS APPLICATION MAY BE DUPLICATED

Personal Information

Student's Name: _____
Last First MI

Home Address: _____
Street

City State Zip

Home Phone: (_____) _____ **Alternate Phone:** (_____) _____

Email: _____ **Date of Birth:** ____/____/____

Ethnicity (check one): African American Hispanic American Indian
 Caucasian Pacific Islander Other(specify) _____

Citizenship (check one): US Citizen Permanent Resident

Parent(s)/Guardian(s) Information

1) Parent/Guardian's Name: _____
Last First MI

Relationship to Applicant: _____

Address (if different from above): _____
Street

City State Zip

Home Phone: (_____) _____ **Alternate Phone:** (_____) _____

Parent/Guardian's Employer: _____

Parent/Guardian's Job Title: _____

Work Phone: (_____) _____ **Ext:** _____

Parent(s)/Guardian(s) Information

(continued)

2) Parent/Guardian's Name: _____
Last First MI

Relationship to Applicant: _____

Address (if different from above): _____
Street

City State Zip

Home Phone: (____) _____ Alternate Phone: (____) _____

Parent/Guardian's Employer: _____

Parent/Guardian's Job Title: _____

Work Phone: (____) _____ Ext: _____

Educational Information:

Name of High School: _____

School Address: _____
Street

City State Zip

School Phone: (____) _____ Grade Level: _____ Guidance Counselor: _____

Activities/Interests:

Major academic areas of Interest:

Describe briefly your participation in Mathematics and Science activities both in and out of school:

Activities/Interests:

(continued)

Describe any hobbies, non-science related activities, or other interests both in and out of school:

List honors and awards received both in and out of school:

Emergency Contact Information:

1) _____
Name Phone

2) _____
Name Phone

PARENT'S/GUARDIAN'S CONSENT: As the parent/guardian of the above-mentioned student, I certify that the above information is correct to the best of my knowledge. My daughter/ward has my permission to participate in the Delaware State University Program: *Girls Exploration in Mathematics and Science (GEMS)*. It is my understanding that she will be subject to the regulations of the University for the duration of the program. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. **Each Student must have medical insurance.**

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____