



Founded in 2001  
By Dr. Mazen Shahin

## *Girls Exploration in Mathematics and Science (GEMS)*

**GEMS 2008, July 13 - August 2, 2008**  
**Dover, Delaware**

The major funding for GEMS 2008 provided through the **Applied Mathematics Research Center**, which is funded by the US Department of Defense.

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 2008. 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 10, 2008**. 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](mailto:GEMS@desu.edu)

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

Applicant status notification will be sent on Monday, April 21, 2008.

**Delaware State University**  
***Girls Exploration in Mathematics and Science (GEMS)***  
**July 13 – August 2, 2008**

**Student Application Form**  
**NOTE: THIS APPLICATION MAY BE DUPLICATED**

**Personal Information**

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**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**

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**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:**

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

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**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:** \_\_\_\_\_