

OSCAR

Center for Research and Education in Optical Sciences and Application & Center for Applied Optics in Space Science
High School Student Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date of Birth: month/date/yr			
Are you a citizen of the United States or Permanent Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
School District	Grade level		GPA
Career Interest	Guidance Counselor		
PARENTS INFORMATION			
Father's name		Mother's name	
Address		Address	
Contact Number		Contact Number	
Email Address		Email Address	

List Extracurricular Activities:

List the office (s) held or academic honors received:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an internship, I understand that false or misleading information in my application or interview may result in my release.

Student
Signature

Date

If this application does not lead to an internship are you interested in participating in our 1 week Optical Science Enrichment Program.
Yes ___ No ___

Please submit application, transcript and a letter stating why you would like to participate in the program and hours you are available. Application can be scanned in and emailed to jjones@desu.edu , or mailed to, Jacquelyn Jones, Delaware State University, OSCAR, 1200 N. DuPont Hwy., Dover, DE 19901 (Teacher's report must also be received for application to be considered complete)

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Summer Program

Teacher Report

TO THE APPLICANT: Please type or print the information below, submit the form to your current Science Teacher with a stamped envelope addressed to Delaware State University, OSCAR, 1200 N. DuPont Highway, William C. Jason Library room 615, Dover, DE 19901.

Applicant's name _____
(Last) (First) (Middle) Jr., etc.

Applicant's mailing address _____
Street City State/Province Zip/postal code

School name _____ CEEB code number _____

School address _____
Street City State/Province Zip/postal code

TO THE RECOMMENDER: We appreciate your time in providing a candidate evaluation of the applicant's record at your school. Please sign and seal the completed form in an envelope, and sign across the seal. *You may mail this recommendation separately to the address provided at the end of this form or return the signed and sealed envelope to the applicant.*

1. How long have you known the applicant? From - To -
MONTH - YEAR MONTH - YEAR

2. In what capacity have you known the applicant? _____

3. Using the table give your appraisal of the applicant

	Outstanding	Excellent	Good	Average	No Basis for Judgment
Academic Performance					
Motivation					
Maturity					
Character					
Leadership					
Work Habits					
Ability to get along with Peers					

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Teacher Report Cont.:

4. We would appreciate your assessment of the applicant. Please include an assessment of the applicant's strength and weaknesses and comment on any exceptional scholastic abilities and/or accomplishments. You may write your comments on this sheet or you may attach a letter on high school letterhead. If you use your high school letterhead please include the student's name in your document. Thank you.

Recommender's Name: _____
(Please print) (Dr./Mr./Ms./etc.) first name last name MI

Recommender's Title: _____

Recommender's Signature: _____ Date: _____

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