

It's a new way of learning!

Monday June 4, 2018 – Friday July 6, 2018

For Students completing 10th and 11th

Time: 9:00 AM – 2:00PM

Hands-on Activities in:

- Biology
- Chemistry
- Physics
- Mathematics
- ACT Preparation

Student Participants will be entitled to:

- free materials
- free lunch
- stipend upon successful completion

Application Deadline: Friday, May 11, 2018

For more information e-mail:

Dr. Joe Omojola (jomojola@suno.edu), Dr. Murty S. Kambhampati
(mkambham@suno.edu), Dr. Cynthia Singleton (csingleton@suno.edu), Dr. Louise
Kaltenbaugh (lkaltenb@suno.edu), sunosep@yahoo.com (504) 286-5096

Southern University at New Orleans-Robert Noyce CapitalOne STEM Program
Summer Training and Enrichment Program (STEP)

APPLICANT: Please complete this form and return it along with your **OFFICIAL TRANSCRIPT**, and **two completed RECOMMENDATION Forms** to: Dr. Joe Omojola, Old Science Building 204, Southern University at New Orleans, 6400 Press Drive, New Orleans, LA 70126. **Application deadline: 5:00PM, May 11, 2018.** For additional information, call (504)-286-5096 or sunosep@yahoo.com

Name _____ SS# _____ - _____ - _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone Number _____ Cell Number _____ E-mail _____

Date of Birth _____ Gender: Male ___ Female ___
MM/DD/YY

Current High School _____

Grade _____ GPA _____ Counselor's Name _____

How did you hear about this program? ___ School ___ Parent ___ Friend ___ Other _____

Ethnicity: Black ___ Hispanic ___ Native American ___ Other _____

Guardian's Name _____ Work Number _____

Do you plan to attend Southern University at New Orleans? _____

Expected Major _____

What do you expect to contribute to this program?

What do you expect this program to do for you?

Signature Date

Guardian's Signature Date

High School Coordinator's Signature Date

In signing this you validated the accuracy of information given above.
Any incorrect information could result in your dismissal from the program.

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RECOMMENDATION FORM

APPLICANT: Complete this section only.

Type or legibly print all information requested. Give this form and a self-addressed envelope to the teacher, counselor, or educator you have asked to recommend you. The recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials. All materials must be submitted by **May 11, 2018 to:** Dr. Joe Omojola, Old Science Building 204, Southern University at New Orleans, 6400 Press Drive, New Orleans, LA. 70126 For additional information call: (504)-286-5096

Applicant

Name _____ Year in school _____
Last First Middle

SSN _____ Major _____

Recommender

Name _____ Subject _____

School _____

Institution _____

Acquaintance With Applicant

1. I have known this applicant for a period of ___ years and/or ___ months
2. I have known this applicant as: ___ a student ; ___ other (specify) _____
3. I have served as this applicant's: ___ teacher/instructor; ___ mentor; other (specify) _____

Please rate the applicant in comparison with other students you have known in similar stages academic development by checking a box in the appropriate box.

	Exceptional (Top 1%)	Outstanding (Top 5%)	Excellent (Top 10%)	Very Good (Top 25%)	Satisfactory (Top 50%)	Below Average (Lower 50%)	No Basis for Judgment
Knowledge							
Creativity/Imagination							
Ability to work independently							
Ability to work with others							
Oral/ Presentation skills							
Writing skills							
Motivation toward academic goal(s)							
Maturity							
Overall rating							

Please add a few comments about the applicant's special abilities, strengths or weaknesses as it relates to this application.

Signature of Evaluator _____ Date _____

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