



# Enrollment Packet

The GST STEM Academy welcomes your application to the 2021-22 ninth-grade class. Priority is given to students with the following indicators; a strong interest in Science, Technology, Engineering and Math (STEM); ability to make a commitment to complete a **4-6 year program** of study; ability to persist in a dynamic, collaborative and challenging non-traditional environment; minority or underrepresented groups in STEM; first generation college; English language learners; and/or economically disadvantaged populations. We are committed to enrolling a diverse student population that reflects the geographic area served by GST BOCES.

## Important Dates

### March 19, 2021

Applications submitted to school counselor.

### March 24, 2021

School counselors submit applications via BOCES courier.

### April 12 - May 28, 2021

Virtual student interviews with STEM Academy held.

### June 2021

Acceptance and wait list letters mailed home.

## Requirements

### Students must:

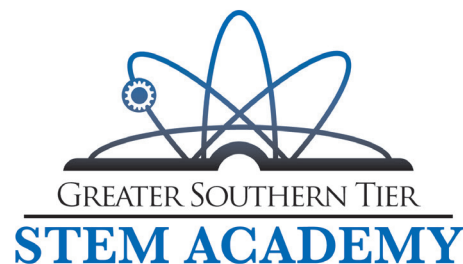
- Currently be enrolled in a public school and entering ninth grade in September 2021.
- Complete the application and **submit the completed form to their school counselor** no later than March 19, 2021.
- Meet with their school counselor to discuss the program and their application.

### Parents must:

- Complete the parent statement portion of the application form to be submitted by the student to his/her school counselor no later than March 19, 2021.

# Applicant Checklist

Please complete this checklist and attach all parts of the application. The entire packet should be sent together no later than March 24, 2021 by BOCES courier to:

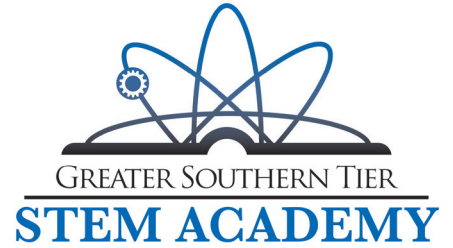


## Robert Sherburne, STEM Academy Principal

- \_\_\_\_\_ Completed student application including written statement
- \_\_\_\_\_ Completed counselor recommendation form
- \_\_\_\_\_ Two completed teacher recommendation forms (core subject area)
- \_\_\_\_\_ 7th & 8th grade report cards, discipline history and attendance
- \_\_\_\_\_ Completed parent form

# Student Application

To be filled out by applicant.



Home School District: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Student Full Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female      DOB: \_\_\_\_\_      Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Teacher Recommendation filled out by: \_\_\_\_\_

School Counselor Recommendation filled out by: \_\_\_\_\_

What activities have you been involved in at school? \_\_\_\_\_

What activities have you been involved in outside of school? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What careers/occupations are you interested in? \_\_\_\_\_

On a scale of 1-5 (1 being the least, 5 being the most), rate your desire to commit to this opportunity:

1      2      3      4      5

## Personal Statement

Why are you interested in this opportunity? What will the successful completion of this program mean to your future?  
(250 word limit - if additional space is needed please continue on back)

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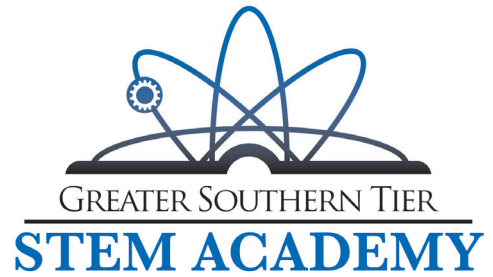
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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# School Counselor Recommendation



To be filled out by applicant's school counselor.

Date: \_\_\_\_\_

Student Full Name: \_\_\_\_\_ Ethnicity \_\_\_\_\_ ELL  Yes  No

IEP  Yes  No 504  Yes  No Free/Reduced Lunch  Yes  No Other health concerns:  Yes  No

Counselor Name: \_\_\_\_\_

Counselor Email: \_\_\_\_\_

Counselor Phone: \_\_\_\_\_ Counselor Fax: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Administrator Email: \_\_\_\_\_

Attendance in \_\_\_\_\_ School Year: \_\_\_\_\_ Days Tardy \_\_\_\_\_ Days Absent

### Please rate using the following scale:

- |                              |                        |                            |
|------------------------------|------------------------|----------------------------|
| 1 = unacceptable             | 3 = average            |                            |
| 2 = below average            | 4 = above average      | 5 = outstanding            |
| _____ Academic Ability       | _____ Respectfulness   | _____ Resilience           |
| _____ Ability to Collaborate | _____ Conduct          | _____ Effort               |
| _____ Works Independently    | _____ Participation    | _____ Articulates Thoughts |
| _____ Self-Discipline        | _____ Motivation       | _____ Conflict Resolution  |
| _____ Leadership             | _____ Accepts Feedback | _____ Integrity            |

In reference to the rating scale above, please comment on the applicant's strengths and challenges. Please be specific. (Use additional paper if necessary.)

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Please provide a detailed explanation of why you believe this student would be an ideal candidate for the STEM Academy. (Use additional paper if necessary.) Please highlight how this student demonstrates critical thinking, problem-solving, works in a team setting, persistence and motivation.

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If it were not for this opportunity, do you believe the student would achieve their college and career goals? Why or why not? (Use additional paper if necessary.)

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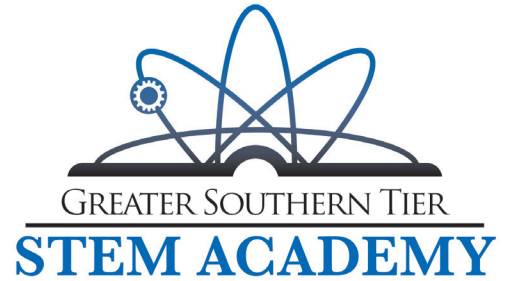
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Counselor Signature: \_\_\_\_\_ Middle School Principal Signature: \_\_\_\_\_

**\*\* Please include a copy of the student applicant's report card (grades 7-8) and discipline history (grades 7-8) in the application packet.**

# Teacher Recommendation

**Must be filled out by the applicant's current math, science, social studies or English/Language Arts teacher.**



Date: \_\_\_\_\_

Student Full Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Position: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

**Please rate using the following scale:**

- |                              |                        |                            |
|------------------------------|------------------------|----------------------------|
| 1 = unacceptable             | 3 = average            |                            |
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| _____ Leadership             | _____ Accepts Feedback | _____ Integrity            |

In reference to the rating scale above, please comment on the applicant's strengths and challenges. Please be specific. (Use additional paper if necessary.)

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Please comment on the student's learning style. Does the student have an interest in real-world applications of math, science and technology and an understanding of how things work?

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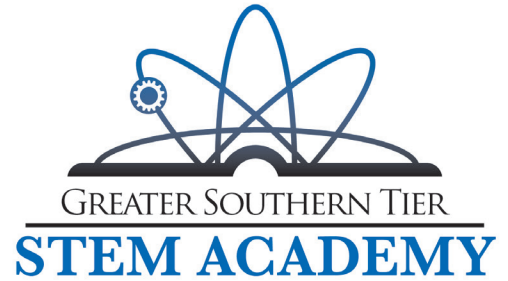
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Teacher Signature: \_\_\_\_\_

# Teacher Recommendation

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Teacher Name: \_\_\_\_\_ Position: \_\_\_\_\_

How do you know the applicant? \_\_\_\_\_

How long have you known this individual? \_\_\_\_\_

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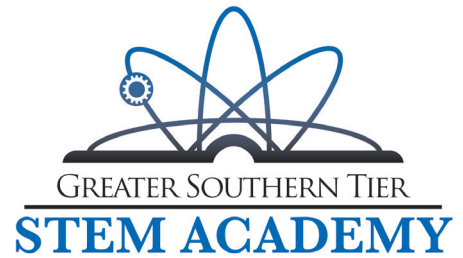
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Teacher Signature: \_\_\_\_\_

# Parent/Guardian Form

To be filled out by applicant's parent or guardian. Please answer all questions  
You may attach additional paper as necessary.



Parent name: \_\_\_\_\_

Level of Education completed: \_\_\_ HS/Equivalency \_\_\_ Associate's \_\_\_ Bachelor's \_\_\_ Master's or higher

Parent name: \_\_\_\_\_

Level of Education completed: \_\_\_ HS/Equivalency \_\_\_ Associate's \_\_\_ Bachelor's \_\_\_ Master's or higher

On a scale of 1-5 (1 being the least, 5 being the most), please rate your desire for your student to commit to this opportunity.

1      2      3      4      5

Please describe: \_\_\_\_\_

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Please share any information that you feel is important for us to know about your child as a learner and how he/she might need to be supported: \_\_\_\_\_

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Please indicate your child's top two strengths and top two challenges: \_\_\_\_\_

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I agree that my child may enroll in the GST BOCES STEM Early College High School Program. I realize that students participating in the program must be enrolled as a non-matriculated student at Corning Community College and that his/her grades in the college level classes will become part of his/her college transcript. I also understand the academic calendar for STEM students may be different from their home school and may require summer coursework.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_