University of New Hampshire Project SMART

Student Application Form Summer Institute: June 28 – July 24, 2020

Students or parents are asked to write a cover letter describing their financial need for a scholarship should they request assistance.

Section 1.	Information about you a	nd your high school.	
Student's Name: (Please include firm		st, middle initial and last name)	
Year of Birth	ı (i.e. 1987):		
Home Addre	ss:		
City:		State: Zip:	
Home Teleph	none Number:		
E-mail Addre	ess:		
Parent's e-ma	ail address:		
are encourage	ed to include their e-mail a	on to all students and to communicate about updates for the program. Paddress so that they may receive updates about dates, parking, schedules, rpose of communication about this and other academic programs at UNI	etc.).
Name of Hig	h School:	Current Class (Soph/Junior):	
School Addre	ess:	City, State, Zip Code:	
List the scien	nce and mathematics cou	rses you have completed in high school	
Class	Science Courses	Mathematics Courses	
Freshmen			
Sophomore			
Junior			
Please indica Choice)	ate your first choice from	the following three areas of specialization: (1= First Choice, 3= Las	t
Biotechnolog	gy & Nanotechnology		
Marine & E	nvironmental Science		
Space Science	ce		

Section 2. Please answer the following qu	uestions yourself, with	hout assistance from parents or teachers.
A. Why are you applying to Project SM	ART?	
B. How do you hope to benefit from the pr	rogram?	
C. Briefly describe the best experiences yo	ou have had in your st	udy of science or mathematics?
D. List extracurricular activities that you	have taken part in du	ring your high school years.
Signature of Applicant	Date	
Permission of Parent or Guardian:		
I/We give permission for the above named so Institute. I/We will guarantee the payment of information package.		articipate in the UNH Project SMART Summer the Summer Institute as specified in the
Name of Parent or Guardian	Signature	Date

LETTERS OF RECOMMENDATION ARE REQUIRED.

In order to consider your application, we must receive two letters of recommendation. You should arrange for these letters to come from a science teacher, a mathematics teacher, or your guidance counselor. You and your parents should complete and sign the attached two recommendation forms. These forms should then be given to the people writing your recommendations to complete and return them to you in sealed envelopes. You should then mail your application and the two letters to:

Project SMART Room 103 Rudman Hall 46 College Road University of New Hampshire

Durham, NH 03824 USA

University of New Hampshire Project SMART Summer Institute June 28—July 24, 2020 Student Recommendation Form

Recommendation for:				
	Student's Name			
Student's Signature		Date		
Parent's Signature		Date		
Teacher or Guidance Co science and mathematics. If possible, p Recommendation: (Pleas	Please provide an assessm lease describe an event th	nent of the studer nat indicates this	nt's academic ability i student has promise i	•
In my judgment this applic class, in this school, on the	cant should be ranked amo	ong the top	% out of	
Name		Position		
Signature		Date	e-mail	

Please seal the completed form in an envelope and return it to the applicant, who must mail the application and letters of reference, to reach the Project SMART office. If you have any questions, please contact:

Project SMART

Room 103 Rudman Hall 46 College Road University of New Hampshire Durham, NH 03824 USA

Tel: 603-862-3840 OR 603-862-3205

FAX: 603-862-4013 sminocha@unh.edu

University of New Hampshire Project SMART Summer Institute June 28—July 24, 2020 Student Recommendation Form

Recommendation for	•:			
	Student's Name		_	
	Student's Signature		Date	
	Parent's Signature		Date	
science and mathemat mathematics. If possib	e Counselor: This program is in its. Please provide an assessment of the please describe an event that the elease use the reverse side or p	nt of the student's at indicates this stud	academic ability in so lent has promise in sc	cience and/or
	pplicant should be ranked amon n the basis of overall ability and			_ students in his/her
Name		Position		
Signature		Date	e-mail	

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