

University of New Hampshire
Project SMART
Student Application Form
Summer Institute: July 7 – August 2, 2019

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 and your high school.

Student's Name: _____
(Please include first, middle initial and last name)

Year of Birth (i.e. 1987): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____

E-mail Address: _____

Parent's e-mail address: _____

(E-mail allows us to send out information to all students and to communicate about updates for the program. Parents are encouraged to include their e-mail address so that they may receive updates about dates, parking, schedules, etc.). The E-mail will be used only for the purpose of communication about this and other academic programs at UNH.

Name of High School: _____ Current Class (Soph/Junior): _____

School Address: _____ City, State, Zip Code: _____

List the science and mathematics courses you have completed in high school

Class	Science Courses	Mathematics Courses
Freshmen	_____	_____
Sophomore	_____	_____
Junior	_____	_____

Please indicate your first choice from the following three areas of specialization: (1= First Choice, 3= Last Choice)

Biotechnology & Nanotechnology _____

Marine & Environmental Science _____

Space Science _____

Section 2. Please answer the following questions yourself, without assistance from parents or teachers.

A. Why are you applying to Project SMART?

B. How do you hope to benefit from the program?

C. Briefly describe the best experiences you have had in your study of science or mathematics?

D. List extracurricular activities that you have taken part in during your high school years.

Signature of Applicant

Date

Permission of Parent or Guardian:

I/We give permission for the above named student, if selected, to participate in the UNH Project SMART Summer Institute. I/We will guarantee the payment of all expenses related to the Summer Institute as specified in the information package.

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
July 7 – August 2, 2019
Student Recommendation Form**

Recommendation for: _____
Student's Name

Student's Signature

Date

Parent's Signature

Date

Teacher or Guidance Counselor: This program is intended to provide an intensive educational experience in science and mathematics. Please provide an assessment of the student's academic ability in science and/or mathematics. If possible, please describe an event that indicates this student has promise in science and mathematics.

Recommendation: (Please use the reverse side or print on a separate sheet)

In my judgment this applicant should be ranked among the top _____% out of _____ students in his/her class, in this school, on the basis of overall ability and aptitude in science and mathematics.

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

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