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**SUNY Neuroscience Research Institute**

**Summer Science Early Laboratory Skills Training Program (SELSTP) Application Form**

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**I-Applicant Personal Information**

**High School Student Applicant Name:** Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Home Address:** Click or tap here to enter text.

**City, State, & Zip Code:** Click or tap here to enter text.

**Home Phone Number:** Click or tap here to enter text.

**Parent/Guardian Names:** Click or tap here to enter text.

**I have enclosed two forms of valid ID:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**II-Applicant Emergency Contact Information & Parent Consent to Participate**

**Emergency Contact Name:** Click or tap here to enter text.

**Emergency Contact Phone Number:** Click or tap here to enter text.

**Emergency Email:** Click or tap here to enter text.

**Date:** Click or tap to enter a date. **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Print Name:** Click or tap here to enter text.

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**III-High School Information**

**High School Name:** Click or tap here to enter text.

**High School Address:** Click or tap here to enter text.

**High School Email Address:** Click or tap here to enter text.

**High School Year (i.e., Junior or Senior):** Click or tap here to enter text.

**I have enclosed two letters of reference from my current science teachers:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IV-Photo Release Form**

**I,** Click or tap here to enter text.**, agree to allow for photos of me actively and responsibly participating within the SELSTP laboratory I am selected to join for use in future advertising of the SELSTP program.**

**Date:** Click or tap to enter a date. **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date. **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Print Name:** Click or tap here to enter text.

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**V-Responsible Conduct Agreement**

**I,** Click or tap here to enter text.**, agree to actively and responsibly participate within the SELSTP in a mature and professional manner. I will arrive on time, bring a notebook, take thorough notes, and actively participate within the laboratory I am selected to join. I understand that any breach or violation of the Responsible Conduct Agreement can result in my termination from the program.**

**Date:** Click or tap to enter a date. **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:** Click or tap here to enter text.

**Date:** Click or tap to enter a date. **Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Print Name:** Click or tap here to enter text.

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**VI-Medical Notification**

**Please describe any medical conditions/symptoms that we should know about in order to accommodate you during your participation of the SELSTP:**

Click or tap here to enter text.

Upon acceptance into the SELSTP, applicants will be required to complete a CITI Training program course, and dependent upon the laboratory they are accepted in, they may need to complete an additional medical clearance form.

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**Application Cover Sheet & Checklist**

**Current Transcript:**

**Resume:**

**Science Teacher Reference Letter # 1:**

**Science Teacher Reference Letter # 2:**

**High School ID:**

**NYS-Driver ID or NYS Non-Driver ID:**

**Emergency Contact Form:**

**Photo Release Form:**

**Responsible Conduct Form:**

**Parent/Guardian Consent Form:**