



APPLICATION FORM for
The Pre-College Molecular Agriculture Summer
Institute at Purdue University, West Lafayette

Sponsored by the Purdue University College of Agriculture Office of Academic Programs

Postmark Deadline: April 15th

*Please note: The application **MUST** be completed according to the directions and mailed by the applicant's teacher, postmarked by April 15thto:*

Purdue Agriculture OAP – Pre-College MASI
615 West State St. Room 121
West Lafayette, IN 47907

Homeschoolers should phone the Purdue Agriculture Office of Academic Programs for instructions on who may complete the application (765-494-8470). It is the applicant's responsibility to complete the application using the directions and to confirm that the complete form has been mailed and postmarked by the deadline. The Purdue University College of Agriculture Office of Academic Programs is not responsible for incomplete, lost, or delayed applications. Those sent to an incorrect address will be considered incomplete.

Notification of status in the Purdue Molecular Agriculture Summer Institute selection process will be made via email after May 1st. The Purdue University Office of Academic Programs and Molecular Agriculture Summer Institute (MASI) Program cannot fulfill requests for advanced notice, individual assessments, or appeals.

Eligibility: *No exceptions are made available.*

- Grade Level at time of Application deadline: current sophomore or junior
- School Enrollment: Must currently attend a public, charter, or non-public secondary school or be homeschooled.
- Residency: Indiana residents only
- Reasons for a disqualified application: Ineligibility can be based on a late application, failure to send application to the correct office, incomplete application submission, or false information on the application.

By completing and submitting this application for the Purdue University Molecular Agriculture Summer Institute, I have read and understand the following...

- If my application is not complete (including late) I am considered ineligible for the Molecular Agriculture Summer Institute.
- I will be expected to be present for the entire event (June 18th – 24th)
- I must provide my own transportation to and from the Molecular Agriculture Summer Institute. Other than this cost, participating in the program is free.
- I am responsible for ensuring my application is complete, including receiving official transcripts and teacher recommendations.

Application Checklist:

- Applicant Information
- Parent/Guardian Information
- Extracurricular Résumé
- Narrative Statement
- Topical Essay
- Signed Applicant and Guardian Statements
- Completed Health Form
- A recent photograph of the applicant
- Official high school transcript
- Teacher reference

APPLICANT INFORMATION:

Applicant Name: _____ Birthdate: _____

Name of High School: _____

Grade (As of Jan. 1, 2017): _____ Sex: Male Female

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Applicant Cell Phone: (____) _____

Applicant e-mail address: _____

PARENT/GUARDIAN INFORMATION:

First Contact:

Name of Legal Guardian: _____

Relationship of Legal Guardian to Applicant: _____

Primary Phone Number: (____) _____ type: Cell Work Home

Secondary Phone Number: (____) _____ type: Cell Work Home

Second Contact:

Name of Legal Guardian: _____

Relationship of Legal Guardian to Applicant: _____

Primary Phone Number: (____) _____ type: Cell Work Home

Secondary Phone Number: (____) _____ type: Cell Work Home

APPLICATION DOCUMENTS:

The application requires you to write/develop 3 different word documents to attach to your application.

1. **Extra-curricular Resume** - 12 point font, single or double-spaced, bulleted resume (not to exceed 2 pages). Please include applicant name at the top of each page.
 - Items to include:
 - **Extra-curricular, science/agricultural-related activities.** This can include research projects, special projects, or competitions in which you have participated in as a high school student. They can be through school, community, or personal settings. Please also list your role in each activity and any awards or honors related to those activities.
 - **Extracurricular/leadership-related activities.** Please include any other activities such as sports, jobs, other personal endeavors that you are involved in, again please include any awards or honors related to those activities.
2. **Narrative Statement** – 12 point font, double-spaced, essay (not to exceed 2 pages). Please include applicant name on the top of each page. Title the essay “Narrative Statement”
 - Items to include:
 - Introduction of yourself to the selection committee
 - Please explain why you would like to participate in the Purdue University Molecular Agriculture Summer Institute and what you are hoping to learn and gain from the experience
 - You may include information about your background, personal and professional interests and hobbies, as well as any other information you would like to provide to the selection committee
3. **Topical Essay** – 12 point font, double-spaced, essay (not to exceed 2 pages). Please include applicant name on the top of each page. Title the essay with the subject you choose below.
 - Choose one of the following topics to discuss:
 - **Science/Agricultural Achievement:** Explain to the selection committee a science or agricultural achievement of which you are most proud. Explain how you can to this achievement, and why you are so proud. *Please note: you may include an additional letter of reference from the advisor of this achievement if they are not one of your references for the other pieces of the application.*
 - **Most Influential Person or Event:** What event or person has been most influential in your interest and development in science/agriculture? Please explain to the committee why this person or event was so influential.

APPLICANT AND GUARDIAN STATEMENTS (signatures required):

Applicant's Statement and Signature:

- I confirm, to the best of my knowledge, all of the information on this application is correct. I acknowledge that information about my selection to the Purdue University Molecular Agriculture Summer Institute and the projects I work on while at the Institute may be made public.
- I understand that I am responsible for the completion and submission of this form to my science teacher (or approved advisor).

Applicant Signature: _____ **Date:** _____

Parent/Guardian's Statement and Signature:

- I have reviewed the information on this form and give my child permission to proceed with their application.
- I give my child's school and its employee's permission to release any information required for this application.
- I understand that I will need to ensure my child has transportation to the Purdue University Molecular Agriculture Summer Institute (MASI).
- I understand that the application becomes property of Purdue University and the Molecular Agriculture Summer Institute (MASI) and cannot be returned once submitted. I also understand that once submitted, the selection committee cannot respond to requests for individual assessments and/or appeals.

Parent/Guardian Signature: _____ **Date:** _____



Pre-College Molecular Agriculture Summer Institute Student Health Form

Parental Authorization

Please Note: ALL information on this form MUST be completed to guarantee a place in the Pre-MASI program.

PURDUE UNIVERSITY MEDICAL AUTHORIZATION FOR TREATMENT OF A MINOR (persons under 18 years)

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, and St. Elizabeth Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child: _____ (minor's name) to attend the 2017 Pre-College Molecular Agriculture Summer Institute by signing below. A signature from one or both parents/legal guardians and a witness signature are required.

Parent/Guardian Printed Name: _____
Parent/Guardian Signature (required): _____ Date: _____

Additional Parent/Guardian Printed Name: _____
Additional Parent/Guardian Signature: _____ Date: _____

Witness Printed Name: _____
Witness Signature (required): _____ Date: _____

Student Information:

Student Name: _____ Birthdate: _____
Grade (As of Jan. 1, 2017): _____ Gender: Male Female
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____) _____ type: Cell Home

Emergency Contact Information:

First Contact:

Name: _____
Relationship of Contact to Student: _____
Primary Phone Number: (_____) _____ type: Cell Work Home
Secondary Phone Number: (_____) _____ type: Cell Work Home

Second Contact:

Name: _____
Relationship of Contact to Student: _____
Primary Phone Number: (_____) _____ type: Cell Work Home
Secondary Phone Number: (_____) _____ type: Cell Work Home

Student Health Information:

Section A – Physical Record of Participant (required)

| | YES | NO |
|---|-----|----|
| Heart Condition | | |
| Diabetes | | |
| Ear Infections | | |
| Bedwetting | | |
| Allergies to and medication List medicines: | | |
| Food Allergies List specific foods: | | |
| Other Allergies (i.e. dust, pollen, animals) List other allergies: | | |

Date of last tetanus shot: _____

List Any Activities the participant should avoid (i.e., swimming): _____

Any other medical record information that would be beneficial to know during the program or in an emergency: _____

Section B - Prescription Medication and Over-the-Counter Medicine Information (if applicable)

Complete this section only if prescription or over-the-counter medications are to be administered during the time of the event. Please Note: Medicines must be in original containers.

Name of Medication: _____

Conditions/Illnesses for Medication: _____

Check all of the following that apply:

- _____ Tylenol/Ibuprofen may be administered by event personnel
- _____ Benadryl may be administered by event personnel
- _____ Medication is to be self-administered by student
- _____ Medication is to be administered by event personnel

Dosage: _____) Refrigeration? Yes No

Speciation Instructions/Information: _____

Prescribing Doctor's Name: _____ Phone: _____

Note: This form is to be used as a reference for participants who require any medication (prescription or "over-the-counter"). Administering of the medication is the responsibility of the participant. If health facilities and/or personnel are available at the facility and you prefer the trained personnel to administer the medication, you may request this prior to the event.



TEACHER REFERENCE FORM for
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Teachers/Advisors Eligible to Complete Reference Form:

A teacher in any subject considered science or agricultural science who has had the applicant in class or as an advisor. It is not a requirement that the teacher have the student in class, but it is advised that an applicant choose a teacher who can accurately and completely answer the following form. Please note: References may not complete forms for their own kin. Homeschooled students should contact (765) 494-8470 to receive advice on teacher references.

Teacher Reference form for (Applicant Name): _____

Name of Teacher Completing Reference Form: _____

Subject Taught by Teacher: _____

How to complete the form:

- Please make sure you complete all sections of this form, and evaluate the applicant honestly and thoroughly. The Purdue College of Agriculture is seeking support and reflection on the applicant’s maturity, character, and academic excellence as it is related to the sciences, mathematics, ability to apply scientific theories, and flexibility.
- Sign and date the form to confirm its validity.
- Complete this form and mail the applicant’s COMPLETED application to the following address – *postmarked by April 15th (please note: a late application is considered disqualified even if this mistake was made by the reference).*

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A. Please rate the applicant’s attributes in the following areas.

| | Exceptional | Above Average | Average | Below Average | Unable to report accurately |
|--------------------------------|-------------|---------------|---------|---------------|-----------------------------|
| Analytical Ability | | | | | |
| Initiative/Independence | | | | | |
| Written Communication Skills | | | | | |
| Oral Communication Skills | | | | | |
| Leadership Qualities | | | | | |
| Personal Organizational Skills | | | | | |
| Ability to Work on a Team | | | | | |
| Interest in Science | | | | | |

B. In comparison to other students I have taught, overall I would rank the applicant as...

- Among the best I have known
- Very good, but not the very best
- Average
- Below Average

C. Please make one selection below to indicate your recommendation for the applicant for the Purdue Agriculture Pre-College Molecular Agriculture Summer Institute

- Highly Recommend
- Recommended
- Recommended with Reservations
- Not Recommended

D. Please write a statement discussing the applicant's strengths and weaknesses, and explaining your ratings for sections A-C. If you have specific examples or outstanding efforts, challenges, or achievements of the applicant it would be helpful to include. Your response is important and will assist the selection committee in ensuring the applicant's ability to be successful in the program. You may write your thoughts in the space below or attach a letter to this form.

- I am attaching a letter to this form.

I have completed this form regarding the applicant with honesty and based on my experiences with the applicant.

Signature: _____ Date: _____