



**HOWARD HUGHES MEDICAL INSTITUTE  
PROFESSORS PROGRAM  
2009 HIGH SCHOOL SCIENCE/MATH  
APPLICATION  
9<sup>th</sup> and 10<sup>th</sup> GRADES**



**PROGRAMS:**

**Summer Research**

June 8 – July 17, 2009 from 8:30 to 4:30

**Fall and Spring Research Academy**

August 15 – May 1 alternating Saturdays (18 total for the year) from 10:00 to 2:00

**COMPONENTS:**

Strengthen math skills, conduct lab inquiries, reinforce scientific knowledge, begin scientific writing, participate in community service, and be mentored by current HHMI/LA-STEM collegiate scholars. ACT prep only offered during the Fall and Spring Research Academy. All students will participate in field trips, fun activities, community service, and will be mentored by current LSU science and math researchers.

**ELIGIBILITY:**

Applicants must be high school **freshmen or sophomores** for the 2009-2010 school year and plan to major in a STEM discipline upon entering college with a 3.0 or higher GPA.

**COMPENSATION:**

All supplies will be provided for classroom activities and lunch will be provided for the entire program.

**PROGRAM EXPECTATIONS:**

Participants are required to complete the entire program and any activities it incorporates.

**APPLICATION:**

Submit the completed Student Application form, an official transcript, and a letter of recommendation (form included in packet) from a math or science teacher at your high school.

**Send the completed application to:**

HHMI Professors Program  
2009 High School Science/Math Summer Program  
Office of Strategic Initiatives  
240 Thomas Boyd Hall  
Louisiana State University  
Baton Rouge, LA 70803

**Contact Person:**

LaKenya Holmes  
Program Manager  
Phone (225) 578-7230  
Fax (225) 578-7231

**APPLICATION DEADLINE: Wednesday, April 15, 2009**

**Review of applications will begin immediately & continue until suitable candidates have been selected. Applications received by April 15, 2009 are assured full consideration. All applicants will be notified by Friday, May 22, 2009.**

**HHMI Professors Program  
Louisiana State University  
2009 High School Science/Math Application**

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**Select the program(s) for which you are applying**

- Summer Research** June 8 – July 17, 2009  
 **Fall and Spring Research Academy** August 15 – May 1 alternating Saturdays (18 total for the year)

**PERSONAL INFORMATION** (Please type or print legibly)

**NAME**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_

**ETHNICITY**

American Indian/Alaskan Native \_\_\_\_ Asian \_\_\_\_ Black Non-Hispanic \_\_\_\_ Hispanic \_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_ White Non-Hispanic \_\_\_\_ If other, please specify: \_\_\_\_\_

**CURRENT MAILING ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PERMANENT MAILING ADDRESS**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**EDUCATION**

School currently enrolled: \_\_\_\_\_

Current Enrolled Grade \_\_\_\_\_ G.P.A. (current): \_\_\_\_\_ G.P.A. (cumulative): \_\_\_\_\_

Expected college major: \_\_\_\_\_ ACT Score \_\_\_\_\_

**HHMI Professors Program  
Louisiana State University  
2009 High School Science/Math Summer Participant**

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**Please describe your future goals. Include academic, personal, your career interest and why.**

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**Please describe any math and science courses taken. What did you enjoy about them? What were their strengths/weaknesses?**

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**What type of mentoring experience have you had previously? What would you like to gain from your mentoring experience through this program?**

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**What are your greatest academic challenges and academic strengths? Explain how you see yourself growing as a student and as a person.**

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(Please use the reverse side of this form for additional space)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HHMI Professors Program  
Louisiana State University  
2009 High School Science/Math Participant**

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**YOUR COMPLETED APPLICATION MUST INCLUDE:**

- Student Application Form (must be filled out completely)
- Most recent official transcript
- Letter of Recommendation from a previous or current math or science teacher at your school

**MAIL TO:**

HHMI Professors Program  
2009 High School Science/Math Program  
Office of Strategic Initiatives  
240 Thomas Boyd Hall  
Louisiana State University  
Baton Rouge, LA 70803  
or  
Fax: 225-578-7231

Please email any questions to [hmiiprogram@lsu.edu](mailto:hmiiprogram@lsu.edu). Be sure to include "high school science/math program" in subject.

Incomplete applications will not be considered.

**APPLICATION DEADLINE: Wednesday, April 15, 2009**



HOWARD HUGHES MEDICAL INSTITUTE
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2009 HIGH SCHOOL SCIENCE/MATH
APPLICATION



LETTER OF RECOMMENDATION

APPLICANT: Complete this section only. Type or legibly print all information requested. Please describe to your recommender the program you are applying for. Give this form and a self-addressed envelope to the faculty member you have asked to recommend you. The recommender should return the completed form to you in a sealed envelope for inclusion with the other application materials. APPLICATION DEADLINE: April 15, 2009.

APPLICANT'S NAME: \_\_\_\_\_

RECOMMENDER'S NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

RECOMMENDER: Please type or print legibly.

1. How long and in what capacity have you known this applicant?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

2. Using a 10-point scale, please rate this applicant:

1-4 5-7 8-9 10 N/A
Poor Fair Good Excellent Not Able to Judge

Academic Performance \_\_\_\_\_ Creativity & Originality \_\_\_\_\_ Intellectual Potential: \_\_\_\_\_
Giving feedback to a peer \_\_\_\_\_ Receiving feedback \_\_\_\_\_
Math skills \_\_\_\_\_ Science skills \_\_\_\_\_

3. We would appreciate a statement from you about the applicant. Please write candidly about the student's qualification, as well as their academic success and challenges. In describing such attributes as motivation, intellect and maturity, please discuss both strong and weak points. All information will be considered confidential.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

(Please use the reverse side of this form for additional space)

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_