



## HOWARD HUGHES MEDICAL INSTITUTE PROFESSORS PROGRAM

### 2009 HIGH SCHOOL FALL AND SPRING RESEARCH ACADEMY APPLICATION

#### **DATES/TIMES:**

September 5, 2009 – April 24, 2010 (17 Saturdays for the year) from 8:30 AM – 11:30 AM

- Fall dates: 9/5; 9/26; 10/3; 10/17; 11/7; 11/21; 12/5; 12/12; & 12/19/09
- Spring dates: 1/9; 1/23; 2/6; 2/20; 3/6; 3/20; 4/10; & 4/24/10

#### **COMPONENTS:**

- **Freshmen:** Participate in science and math supplemental courses
- **Sophomores:** Participate in ACT prep, science, and math supplemental courses
- **Juniors:** Participate in basic research skills course, conduct lab inquiries, and reinforce scientific knowledge
- **Seniors:** Participate in LSU research, begin scientific writing, and be mentored by current science and math researchers throughout the school year

#### **ELIGIBILITY:**

Applicants must be high school students in the 9<sup>th</sup> through 12<sup>th</sup> grade 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 classroom supplies will be provided for the duration of the program.

#### **PROGRAM EXPECTATIONS:**

Participants are required to complete the entire program, any activities it incorporates and be responsible for their own transportation.

#### **APPLICATION:**

Submit the completed application form, an official transcript, and a letter of recommendation (form included in packet) by August 21, 2009. The letter of recommendation should be from a math or science teacher at your high school. Incomplete applications will not be considered.

#### **Send the completed application by mail to:**

Louisiana State University  
Office of Strategic Initiatives  
HHMI High School Fall and Spring Research Academy  
240 Thomas Boyd Hall  
Baton Rouge, LA 70803

#### **Contact Person:**

LaKenya Holmes, Program Manager  
Phone (225) 578-7230  
Fax (225) 578-7231  
Email: hhmipprogram@lsu.edu

**APPLICATION DEADLINE: Friday, August 21, 2009**

**Review of applications will begin immediately and all applicants will be notified by Friday, August 28, 2009**

**Louisiana State University**  
**HHMI Professors Program**  
**2009 High School Fall and Spring Research Academy Application**

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**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: \_\_\_\_\_

School address: \_\_\_\_\_

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

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

**Louisiana State University**  
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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 or a separate attachment)

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



HOWARD HUGHES MEDICAL INSTITUTE
PROFESSORS PROGRAM

2009 HIGH SCHOOL FALL AND SPRING RESEARCH ACADEMY
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: August 21, 2009.

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

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

SCHOOL: \_\_\_\_\_

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.

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\_\_\_\_\_
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(Please use the reverse side of this form for additional space or a separate attachment)

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