



**STEM INSTITUTE
GROVE SCHOOL OF ENGINEERING
of
THE CITY UNIVERSITY OF NEW YORK**
Convent Avenue and 140th Street, Room T-2M15
New York, NY 10031

THE STEM INSTITUTE

TEL: (212) 650 – 8172/6190
FAX: (212) 650 – 8139
E-MAIL: stem@ccny.cuny.edu

The STEM Institute 2013 Application

Note: Incomplete applications WILL NOT be reviewed: Application must be postmarked by Friday, April 12th

STUDENT INFORMATION

Name: _____
(Last Name) (First Name) (Your HS OSI #)

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Student Cell Phone #: _____

E-mail Address: _____
(Please print)

Date of Birth: _____ Country of Birth: _____ Language: _____
City

Ethnicity: Black Non-Hispanic Hispanic White Non-Hispanic American Indian
 Asian-Pacific Islander Other (Please specify): _____

Citizenship: US Citizen US Permanent Resident Other: _____ Sex: F M

Did you attend The STEM Institute before? No Yes. If Yes, When: Summer of _____

PARENT INFORMATION

Parent(s)/Guardian's Name: _____

Home Phone #: _____ Work Phone #: _____

EDUCATION INFORMATION

Current Grade: 9 10 11 12 Year Entered 9th Grade: _____ Grad. Date: _____

HS Avg.: _____ Math Avg.: _____ SAT Scores: Verbal: _____ Math: _____

School Name: _____ Counselor Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

Tel: _____ Extension: _____ E-mail: _____

AP Courses Completed: _____, _____, _____

(See back)



The STEM Institute 2013 Teacher Recommendation Form

Students Name: _____ Grade: _____ Date: _____

Please indicate which classes your student is applying for:

1. _____ 2. _____

To the Sponsoring Teacher:

Thank you for your recommendation of the above named student for the 2013 Summer STEM Institute. Please send the recommendation form, along with your recommendation letter to:

Otto Marte, Assistant Director
Grove School of Engineering/The STEM Institute
Room T- 2M 15
Convent Avenue at 140th Street
New York, NY 10031
212- 650-8172/6190 | fax: 212 - 650-8139
Email: stem@ccny.cuny.edu
URL: <http://stem.ccnycuny.edu>

1. Possesses a comfortable knowledge of basic skills and factual information -----
2. Has ability and desire to follow through on work: able to see a problem through *in assigned tasks* -----
3. Pursues interests to understand or satisfy curiosity; wants to know how and why. -----
4. Generates questions of his/her own; questions the common, ordinary, or unusual. -----
5. Enjoys the challenge of difficult problems, assignments, issues, and materials. -----
6. Inclined to be independent on his/her own ideas (when appropriate) rather than relying on the structuring of others.
7. Capable of planning and organizing activities, direct actions, and evaluating his/her own results.-----
8. Requires a minimum of adult direction and attention: possesses skills to facilitate independent work. -----
9. Seems self-confident, happy and comfortable in most situations. -----
10. Is able to cope with normal frustrations or can adapt to change with minimum difficulty. -----
11. Able to function effectively as a group member. -----
12. Is receptive to new tasks or experiences; seems able to take reasonable risks. -----

	5. EXCEPTIONAL	4. SUPERIOR	3. AVERAGE	2. SATISFACTORY	1. IMPROVEMENT REQUIRED	0. NOT OBSERVED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please check the appropriate box:

- I highly recommended the applicant I recommend the applicant with reservation
- I recommend the applicant I do not recommend the applicant.

Application must be postmarked by Friday, April 12th

(See Back)



The STEM Institute 2013 Teacher Recommendation Form

Students Name: _____ Grade: _____ Date: _____

Please indicate which classes your student is applying for:

1. _____ 2. _____

To the Sponsoring Teacher:

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Official Transcript Request

Students: Please ask your parent or guardian to fill out this form, deliver it to your school counselor, make arrangements for pick up and mailing or for your school to mail a copy of your official transcript to the program address above. Thank you.

Dear School Counselor,

My son/daughter _____ needs to submit an official transcript to the 2013 The STEM Institute.

Would you please arrange to provide him/her with the official transcript or send it directly to the above address. Thank you.

Sincerely,

Signature of Parent/Guardian

Date

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