



CALHOUN HIGH SCHOOL

ADVANCED SCIENCE RESEARCH (ASR) PROGRAM

APPLICATION FORM

2015-2016 ACADEMIC YEAR

APPLICATION DEADLINE: January 6, 2015. Please return your completed application to Mrs. Christine Boyce, Mr. Nick Pappas or Mrs. Jennifer Pefanis in the Research Office, Room 331.

PART I: STUDENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
STREET	CITY	STATE ZIP
TELEPHONE NUMBER	E-MAIL	DATE OF BIRTH
YEAR OF GRADUATION		

MOST INFLUENTIAL PERSON

Who has been the most influential person in the development of your interest in science?
(Please name someone with whom you have had personal contact.)

FULL NAME (Include title such as Dr., Ms., Professor, etc.)			
STREET	CITY	STATE	ZIP
TELEPHONE NUMBER	E-MAIL		

What is this person's relationship to you?

(mother, father, teacher, etc.)

In what ways did this person influence you?

STUDENT ACTIVITIES AND INTERESTS

CHECK HERE other extracurricular activities (outside the classroom) in which you have participated and the organizations to which you have belonged.

Formerly	Currently	
_____	_____	A Science Club
_____	_____	A Mathematics Club
_____	_____	An Engineering Club
_____	_____	Boy Scouts (give rank)_____
_____	_____	Girl Scouts (give rank)_____
_____	_____	School Publications
_____	_____	Music (specify)_____
_____	_____	Athletics (specify)_____
_____	_____	Other (specify)_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST HERE special recognitions, awards, honors and scholarships (e.g., attendance, honors in contests and competitions, medals, athletic awards, science fair honors, etc.).

_____	_____
_____	_____

LIST HERE the hobbies in which you have engaged since entering secondary school (e.g. photography, aviation, cryanalysis, etc.).

_____	_____
_____	_____

What studies in school have you liked most? _____

What studies in school have you liked least? _____

What course of study would you like to follow in college or professional school? _____

If you are accepted into the research program, what topics would you like to research? Be as specific as possible.

1.
2.

Do you have any family or friends that are professionals in the field? _____

Name: _____

Position: _____ Institution: _____

Student Applicant: _____
 LAST NAME FIRST NAME

CALHOUN HIGH SCHOOL
ADVANCED SCIENCE RESEARCH (ASR) PROGRAM APPLICATION
PART III - Teacher/Advisor Recommendation Form
To be completed by a High School Teacher or Advisor

Applicants need three Teacher/Advisor recommendation forms submitted on their behalf by teachers or advisors who have known and worked with them and feel qualified to recommend the student.

The completed recommendation should be given to the student in a sealed envelope so the student may include it with the application, the teacher/advisor must sign the back flap of the envelope to ensure that remains confidential. Recommendations may also be returned directly to any of the ASR teachers or dropped off in room 331.

Students who do not have these comments provided on their behalf will be adversely affected during the evaluation process because of incomplete information.

RATINGS

<i>No Basis</i>	<i>Below Average</i>	<i>Average</i>	<i>Good</i>	<i>Very Good (well above average)</i>	<i>Excellent</i>	<i>Outstanding (top 5%)</i>	<i>One of the top few encountered in my career</i>
Creative, original thought							
Motivation							
Self-confidence							
Independence, initiative							
Intellectual ability							
Academic achievement							
Written expression of ideas							
Effective class discussion							
Disciplined work habits							
Potential for growth							

Additional Comments (if Any):

TEACHER: _____
 NAME (Please print.)

 SIGNATURE

 DATE

Student Applicant: _____
 LAST NAME FIRST NAME

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