Applications must be postmarked by March 31, 2017. All applications will be evaluated (by a committee) after April 10th. Please print clearly.

Acceptance to the program is competitive and limited to 24 students. Applicants will be selected based on all three components (letters of recommendation, essays, and grades).

A complete application should include two recommendation letters from teachers using the enclosed forms (one from a science teacher and one from another teacher of your choice) sent directly to the address below. In addition, please submit a copy of your high school transcript AND your most recent report card.

Limited number of full and/or partial scholarships are available to applicants who are eligible for the Federal free or reduced lunch program. Please submit a letter, on letterhead, from an official at the school district or the letter you received stating that you are eligible for the free or reduced lunch program.

Information on your letters of recommendation (to be sent directly from teacher):

Name of science teacher: _________________________________________________

Name of other faculty member: ____________________________________________

Postmark Applications by March 31, 2017:
Institute for STEM Education
092 Life Sciences Building
Stony Brook University
Stony Brook, NY 11794-5233
Tel: 631-632-9750; Fax: 631-632-9791
Essay Questions

1. What are your future goals and plans?

2. The Biotechnology Summer Camp is a four-week program. Why does this program interest you and what are your expectations, if any?
Biotechnology Summer Camp

Science Teacher Recommendation Form
(To be completed by a science teacher who has taught you.)

Student’s Name ________________________________

Teacher’s Name ___________________________ School __________________

Capacity in which you know this student ____________________________

Please compare this student to the others that you have taught:

<table>
<thead>
<tr>
<th></th>
<th>Top 2%</th>
<th>Top 10%</th>
<th>Top 25%</th>
<th>Top 50%</th>
<th>Less than 50%</th>
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<tbody>
<tr>
<td>Maturity</td>
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<td>Positive interaction with peers</td>
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<td>Inquisitiveness</td>
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<td>Ability to complete tasks</td>
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</tr>
</tbody>
</table>

Student’s strengths:

Student’s weaknesses:

Additional comments:

Teacher’s signature ___________________________ Date _________________

Deadline: 03/31/17

Please send to: Institute for STEM Education, 092 Life Sciences Building, Stony Brook University, Stony Brook, NY 11794-5233 (tel: 631-632-9750; fax: 631-632-9791)
BIOTECHNOLOGY SUMMER CAMP

Teacher Recommendation Form
(To be completed by any teacher who has taught you.)

Student’s Name ____________________________________________

Teacher’s Name _____________________________ School ____________

Capacity in which you know this student ____________________________

Please compare this student to the others that you have taught:

<table>
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Student’s strengths:


Student’s weaknesses:


Additional comments:


Teacher’s signature _____________________________ Date ________________

Deadline: 03/31/17
Please send to: Institute for STEM Education, 092 Life Sciences Building, Stony Brook University, Stony Brook, NY 11794-5233 (tel: 631-632-9750; fax: 631-632-9791)