



DCCCD STEM INSTITUTE APPLICATION PACKET

Purpose

The DCCCD STEM Institute provides high-achieving science, technology, engineering and mathematics (STEM) students a comprehensive approach to pursuing a degree in a STEM discipline. STEM Scholars interact with dedicated, passionate faculty and participate in unique experiences designed to prepare them to complete a degree in a STEM discipline.

Benefits

Students selected as STEM Scholars will receive mentoring, learn about transfer opportunities, explore careers and network with other STEM students, faculty and industry professionals. Participation in the STEM Institute includes the annual STEM Summit with major speakers such as astronaut Dr. Mary Ellen Weber and famed ocean explorer, Fabien Cousteau.

Students will be eligible for merit-based awards of \$1,200 total over the academic year based on meeting eligibility and participation criteria. Students may also be eligible for internship opportunities within STEM industries.

Requirements

- Career interest in the STEM Professions and/or teaching in the STEM Disciplines
- Accumulate twelve college-level credits prior to application
- Have and must maintain a cumulative 3.0 GPA or higher through the academic year
- Maintain a program of study with DCCCD in an approved STEM field (see the eligible field list on page two)
- Complete a minimum of six credit hours each semester
- Participate in the required DCCCD STEM Institute orientation and mentoring orientation (early fall 2012/dates TBD)
- Participate in three mandatory STEM Scholar events within the academic year, including the annual spring STEM Summit
- Participate in a mentorship with a CITI Faculty Fellow (time commitment of approximately one hour per week for eight weeks per semester)

Application Process

1. Complete the STEM Institute Application Form, the STEM Institute Application Questionnaire, and the STEM Scholar Profile and Commitment Agreement (see the application checklist on page two).
2. Provide two completed Faculty Recommendation Forms (see forms on page six and seven). Each recommendation must be in an envelope signed and sealed by the recommender. Please contact your recommenders ASAP to complete these forms as many faculty are unavailable during the summer.
3. Mail or deliver your completed application packet to:
DCCCD Foundation Office
Attn: Anthony Denning
1601 South Lamar St.
Dallas, Texas 75215
Email: adenning@dcccd.edu
Phone: 214-378-1548

Applications must be received or postmarked by July 3, 2012. Decisions of the selection committee are final.



DCCCD STEM INSTITUTE ELIGIBLE FIELDS OF STUDY

Eligible Fields

- Astronomy
- Aviation Technology
- Biology
- Biotechnology
- Chemistry
- Computer Information Technology
- Computer Science
- Education, Math or Science Emphasis (all/any grades)
- Engineering – Civil, Computer, Electrical
- Engineering – Industrial,
- Mechanical, Structural/ Architectural
- Engineering Technology
- Environmental Systems Technology
- Forensic Science
- Geology
- Geographic Information Systems Technology
- Health Information Technology
- Interactive Simulation and Game Technology
- Mathematics
- Meteorology
- Nanotechnology
- Physics
- Residential Building Performance Technology
- Veterinary Technology

Non-Eligible Fields

The following fields are NOT eligible.

If you have any questions about whether your field of study is included in the DCCCD STEM Institute, please contact Anthony Denning at (214) 378-1548.

- Diagnostic Medical Sonography
- Echocardiology Technology
- Emergency Medical Services (EMS) Paramedic Programs
- Health Information Management
- Invasive Cardiovascular Technology
- Medical Assisting
- Medical Laboratory Technology
- Medical Staff Services
- Nursing
- Radiologic Sciences
- Respiratory Care
- Social Work
- Substance Abuse Counseling
- Surgical Technology

Application Checklist - Applications must be received or postmarked by July 3, 2012.

Use this checklist to make sure that you submit all of the necessary application packet documents.

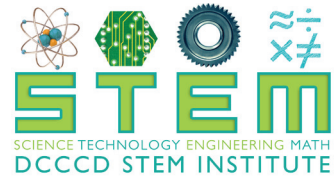
- ☐ STEM Institute Application Form
- ☐ STEM Institute Application Questionnaire
- ☐ STEM Scholar Profile and Commitment Agreement
- ☐ Two Faculty Recommendation Forms, each in an envelope signed and sealed by the recommender



The Foundation

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DCCCD STEM INSTITUTE APPLICATION FORM

Instructions

1. Please type or use ink and print clearly. Complete all sections.
2. Turn in the completed application packet, with all applicable signatures, to the DCCCD Foundation Office. If any part of the application packet is incomplete, inaccurate, or not signed, your application will not be considered.
3. Please submit a new application each academic year.

Applicant Information

Applicant Name: _____

DCCCD Student ID#: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email Address*: _____

**The "Primary Email Address" you provide here will be used as a central source of communications with the Dallas County Community College District Foundation. You agree to check your primary email to review any messages from the DCCCD Foundation. You also agree to notify the DCCCD Foundation immediately of any changes in your "Primary Email Address".*

Academic Information

College: _____ Intended Major: _____

Credit Hours Earned to Date: _____ Cumulative GPA: _____

Do you intend to take 6 or more credit hours each semester? ☐ Yes ☐ No

Have you been a STEM Scholar before? If so, list semesters: _____

Do you intend to graduate from DCCCD or transfer before earning your degree? ☐ I plan to graduate from DCCCD ☐ I plan to transfer before I earn an Associate Degree
(Your answer is used for informational purposes and will not impact the decision of the selection committee.)

Nepotism Statement

State law requires applicants to identify any relation to a current DCCCD Foundation Board of Directors or DCCCD Board of Trustees member. A student related to either can only receive a student support award if exclusively based on academic merit.

Are you related to any member of the DCCCD Foundation Board or DCCCD Board of Trustees? ☐ Yes ☐ No

If yes, please identify the Board member and the relationship: _____

Authorization Information

(Initial) I release to the Dallas County Community College District (DCCCD) and the DCCCD Foundation Office the right to access all my current and ongoing personal and academic records and transcripts. If awarded a student support award, I understand that I must meet the award criteria and Standards of Academic Progress for the DCCCD and the DCCCD Foundation Office.

(Initial) I understand my name and information from my academic history may be released to the student support award selection committee(s) and the student support award donor(s). If awarded a student support award, I release to the DCCCD and the DCCCD Foundation Office, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the student support award selection committee(s) and student support award donor(s)

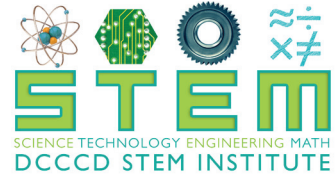
Student Signature: _____ Date: _____



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DCCCD STEM INSTITUTE APPLICATION QUESTIONNAIRE

Please limit each of your answers to 250 words.

1. What are your career goals as a STEM Professional or Educator?

2. Describe the reasons for your interest in STEM.

3. What do you hope to accomplish as a professional in a STEM field?

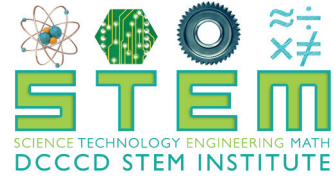
4. What would be most valuable to you as a STEM Scholar and why?



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STEM SCHOLAR PROFILE AND COMMITMENT AGREEMENT

STEM SCHOLAR PROFILE INFORMATION (Please type or print clearly.)	
Name:	Student ID#:
Phone Number(s):	Primary Email Address:
Declared STEM field or primary area of study:	DCCCD College Attending:
Will you be employed during the 2012-2013 academic year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Are you receiving financial aid or any additional awards during the 2012-2013 academic year? If so, please list here (examples: Pell, Muse Scholarship, etc.):	

STEM SCHOLAR COMMITMENT AGREEMENT

Please review the requirements of the STEM Institute listed below. Then, initial next to each item as an acknowledgment of your commitment to satisfy each requirement. Failure to meet these requirements will result in a reduction or loss of the award.

- _____ I will maintain a program of study with DCCCD in an approved STEM field (see the list on page two).
- _____ I have a 3.0 GPA or higher and I agree to maintain a cumulative 3.0 GPA or higher through the academic year.
- _____ I agree to complete a minimum of six credit hours each semester (fall 2012 and spring 2013).
- _____ I agree to participate in the orientation required for the DCCCD STEM Institute and the mentor orientation (early fall 2012/dates TBD).
- _____ In addition to the orientation, I agree to participate in three mandatory STEM Scholar events within the academic year, including the annual spring STEM Summit.
- _____ I agree to participate in a mentorship with a CITI Faculty Fellow through the 2012-2013 academic year (time commitment of approximately one hour per week for eight weeks each semester).
- _____ I understand that failure to meet these requirements will result in a reduction or loss of my award.

Student Signature: _____ Date: _____



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DCCCD STEM INSTITUTE FACULTY RECOMMENDATION FORM 1

Dear Faculty Member:

We would appreciate your candid evaluation of the student listed below who is applying to join the DCCCD STEM Institute. The Institute provides high-achieving science, technology, engineering and mathematics (STEM) students a comprehensive approach to pursuing a degree in a STEM discipline.

To apply, students must submit two recommendation forms from DCCCD faculty or high school instructors. Please complete this form and return it to the student in a signed, sealed envelope. It must be included with the rest of their application and postmarked to the DCCCD Foundation by July 3, 2012. Your comments will be held confidential.

Part I: Applicant Information – To be completed by the student.

Applicant Information

Applicant Name: _____

DCCCD Student ID#: _____ Primary Phone: _____

Primary Email Address: _____

College: _____ Intended Major: _____

Credit Hours Earned to Date: _____ Cumulative GPA: _____

Part II: Recommendation Information – To be completed by the faculty member/instructor.

Which course(s) have you had the applicant as a student? _____

Please rank the applicant in the following areas:

	Upper 10%	Upper 25%	Upper 50%	Other	Unknown
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in STEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Please provide any additional comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the applicant's performance. Please submit comments on a separate sheet of paper.

Faculty Information

Name: _____

Title: _____ Department: _____

DCCCD College: _____ Phone: _____

Email Address: _____

Faculty Signature: _____ Date: _____



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DCCCD STEM INSTITUTE FACULTY RECOMMENDATION FORM 2

Dear Faculty Member:

We would appreciate your candid evaluation of the student listed below who is applying to join the DCCCD STEM Institute. The Institute provides high-achieving science, technology, engineering and mathematics (STEM) students a comprehensive approach to pursuing a degree in a STEM discipline.

To apply, students must submit two recommendation forms from DCCCD faculty or high school instructors. Please complete this form and return it to the student in a signed, sealed envelope. It must be included with the rest of their application and postmarked to the DCCCD Foundation by July 3, 2012. Your comments will be held confidential.

Part I: Applicant Information – To be completed by the student.

Applicant Information

Applicant Name: _____

DCCCD Student ID#: _____ Primary Phone: _____

Primary Email Address: _____

College: _____ Intended Major: _____

Credit Hours Earned to Date: _____ Cumulative GPA: _____

Part II: Recommendation Information – To be completed by the faculty member/instructor.

Which course(s) have you had the applicant as a student? _____

Please rank the applicant in the following areas:

	Upper 10%	Upper 25%	Upper 50%	Other	Unknown
Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Intelligence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in STEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Please provide any additional comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the applicant's performance. Please submit comments on a separate sheet of paper.

Faculty Information

Name: _____

Title: _____ Department: _____

DCCCD College: _____ Phone: _____

Email Address: _____

Faculty Signature: _____ Date: _____