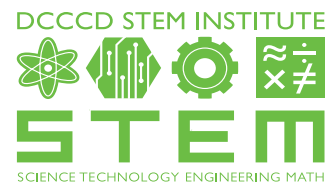# The Foundation

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

1601 South Lamar St. | Dallas, TX 75215-1816 | 214-378-1572 | www.foundation.dcccd.edu | An Equal Opportunity Institution

DCCCD STEM INSTITUTE APPLICATION PACKET | SPRING 2014

PURPOSE

Initiated as a pilot program in 2009 and now in its fifth year, the DCCCD STEM Institute engages science, technology, engineering, and mathematics (STEM) students from all seven colleges of the DCCCD. Participation in the Institute accelerates student progress and transfer to universities. Primary program components include:

Awards: The DCCCD STEM Institute serves students who are committed to pursuing a degree in a STEM program. Students must be in good academic standing, have a minimum 3.0 GPA, and have completed 12 credit hours. Students are eligible for scholarship awards of up to $1,980 each semester based on meeting eligibility and participation criteria. Awards are available for both full-time and part-time STEM students.

Student Participation in Capstone Experiences: STEM Scholars attend Institute-specific events each academic year, including STEM industry and career-related seminars, and the annual spring STEM Summit. Previous summit speakers include astronaut Dr. Mary Ellen Weber, famed ocean explorer Fabien Cousteau, and internationally renowned neuroscientist Dr. Miguel Nicolelis.

Student Mentoring with STEM Faculty Fellows: STEM Faculty Fellows serve as mentors for STEM Scholars each academic year of the program. Each STEM Faculty Fellow mentors approximately six STEM Scholars during the spring semester and participates in Institute activities with them.

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. Students may also be eligible for internship opportunities within STEM industries.

Students may be eligible to receive a scholarship award of $660.00 - $1,980.00 for the spring 2014 semester, based on enrollment and completion of credit hours. Scholarship awards will be disbursed during the spring 2014 semester and may be adjusted to reflect the actual number of hours completed. Scholarship awards are subject to Financial Aid rules and regulations as well as students meeting all eligibility and participation criteria.

REQUIREMENTS

1. Have a career interest in the STEM professions and/or teaching in the STEM disciplines

2. Accumulate 12 college-level credits prior to application (dual high school/college credits are acceptable)

3. Must have, and maintain, a cumulative 3.0 GPA or higher throughout the academic year

4. Maintain a program of study with DCCCD in an approved STEM field (see the eligible field list on page 2)

5. Complete 6-11 college-level credit hours (part-time) or a minimum of 12 college-level credit hours (full-time) during the spring 2014 semester

6. Agree to attend and participate in three mandatory STEM Institute events within the spring 2014 semester, including:

   - Scholar/Mentor Orientation - Evening of Thursday, January 30, 2014*

   - Spring Seminar - Evening of Thursday, February 20, 2014*

   - STEM Summit - All-day Friday, April 4, 2014*

7. Participate in a mentorship with a STEM Faculty Fellow (time commitment of approximately 1 hour per week for 8 weeks)

   Dates and times subject to change with advance notice.

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2

DCCCD STEM INSTITUTE ELIGIBLE FIELDS OF STUDY

ELIGIBLE PROGRAMS OF STUDY

1. Astronomy
2. Aviation Technology
3. Biology
4. Biotechnology
5. Chemistry
6. Computer Information Technology
7. Computer Science
8. Education – Math or Science Emphasis (all grade levels)
9. Engineering – Civil, Computer, Electrical
10. Engineering – Industrial, Mechanical, Structural, Architectural
11. Engineering Technology
12. Environmental Systems Technology
13. Forensic Science
14. Geology
15. Geographic Information Systems Technology
16. Health Information Technology
17. Interactive Simulation and Game Technology
18. Mathematics
19. Meteorology
20. Nanotechnology
21. Physics
22. Residential Building Performance Technology
23. Veterinary Technology

NON-ELIGIBLE PROGRAMS OF STUDY

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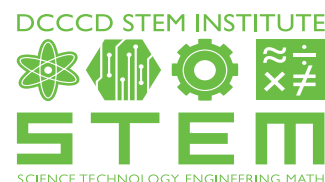
- Diagnostic Medical Sonography
- Echocardiology Technology
- Emergency Medical Services (EMS)
- Paramedic Programs
- Health Information Management
- Invasive Cardiovascular Technology
- Medical Assisting
- Medical Laboratory Technology
- Medical Staff Services
- Nursing
- Radiologic Sciences
- Respiratory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

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3

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DCCCD STEM INSTITUTE APPLICATION PROCESS AND CHECKLIST

APPLICATION PROCESS

1. Complete the following forms (pages 4-9 of this packet)
   - STEM Institute Application Form
   - STEM Institute Application Questionnaire
   - STEM Scholar Profile
   - STEM Scholar Commitment Agreement
   - Provide 2 Faculty Recommendation Forms (see forms on pages 8 and 9)
     · Each form should be completed and signed by a DCCCD faculty or high school instructor
     · Each form must be submitted in an envelope with the recommender's signature across the seal

2. Mail or deliver* your completed application packet to:
   DCCCD Foundation Office
   Attn: Anthony Denning
   1601 South Lamar St.
   Dallas, Texas 75215
   *Emailed and faxed application packets cannot be accepted.

APPLICATION CHECKLIST

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

- [ ] STEM Institute Application Form (Signed)
- [ ] STEM Institute Application Questionnaire
- [ ] STEM Scholar Profile
- [ ] STEM Scholar Commitment Agreement (Signed)
- [ ] 2 Faculty Recommendation Forms (Each in an envelope with the recommender's signature across the seal.)

HAVE QUESTIONS?

Please contact:
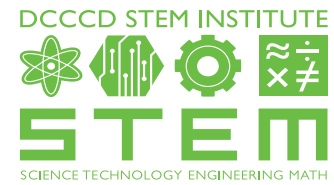Anthony Denning
adenning@dcccd.edu
214-378-1548

DEADLINE

Applications must be received or postmarked by November 15, 2013.
Decisions of the selection committee are final.

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4

DCCCD STEM INSTITUTE APPLICATION FORM | **FULL TIME STUDENT**

Instructions

1. Please type or use ink and print clearly.
2. Complete all sections.
3. 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 processed.
4. Please submit a new application each academic year.

APPLICANT INFORMATION

First Name: _____ Last Name: _____

DCCCD Student ID#: _____ Date of Birth: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Primary Email Address*: _____

The "Primary Email Address" you provide here will be used as the main 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

Primary DCCCD College (Select only one):
❑ Brookhaven ❑Cedar Valley ❑Eastfield ❑El Centro ❑Mountain View ❑North Lake ❑Richland ❑Dallas Colleges Online

Program of Study (Select number from the "Eligible Programs of Study" list on page 2): _____

College-Level Credit Hours Earned to Date: _____ Cumulative GPA: _____

How many college-level credit hours do you intend to complete in the spring 2014 semester? ❑ 6-11 Credit Hours ❑ 12 Or More Credit Hours

Have you been a STEM Scholar before? ❑ Yes ❑ No If so, list semesters: _____

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

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

_____ I release to the Dallas County Community College District (DCCCD) and the DCCCD Foundation Office the right to access all my current
(Initial) 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.

_____ I understand my name and information from my academic history may be released to the student support award selection committee(s) and
(Initial) 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
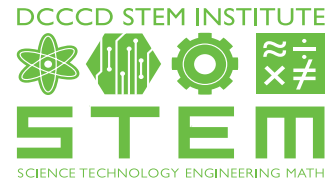
Student Signature: _____ Date: _____

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DCCCD STEM INSTITUTE APPLICATION QUESTIONNAIRE

Limit each of your answers to 250 words.

1. What are your education goals as a STEM student?

2. As a STEM Scholar, what do you think would be the most valuable part of the STEM Institute?
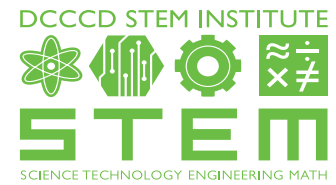
3. What are your career goals as STEM professional?

4. Describe what influenced you to pursue an education and career in STEM.

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STEM SCHOLAR PROFILE FORM

STEM SCHOLAR PROFILE INFORMATION (Please type or print clearly.)

The information gathered on this form is for statistical purposes only and will not affect your eligibility as a STEM Scholar.
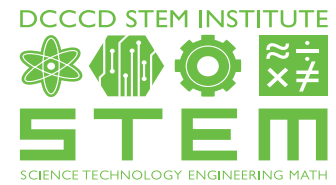
First Name:	Last Name:

Street Address:	City:	State:
	Zip:	

DCCCD Student ID#:	Primary Email Address:

Phone Number 1:	Phone Number 2:

Program of Study (Select number from the "Eligible Programs of Study" list on page 2):	Primary DCCCD College (Select only one):
	❑ Brookhaven ❑ Cedar Valley ❑ Eastfield
	❑ El Centro ❑ Mountain View ❑ North Lake
	❑ Richland ❑ Dallas Colleges Online

Gender: ❑ Male ❑ Female	Ethnicity: ❑White ❑Hispanic ❑Black
	❑Asian or Pacific ❑America or Alaska Native ❑Other

Do you plan to graduate from DCCCD? ❑ Yes   ❑ No   **If yes, when?**

Do you plan to transfer from DCCCD? ❑ Yes   ❑ No   **If yes, where?**

Will you be employed during the 2013–2014 academic year? ❑ Yes   ❑ No

If yes: ❑Full-time (21 - 40+ hours weekly)   ❑Part-time (1-20 hours weekly)

Are you receiving financial aid or any additional awards during the 2013–2014 academic year? ❑ Yes   ❑ No
If so, please list all here (examples: Pell, Muse Scholarship, etc.):

Did either of your parents attend college?   ❑ Yes   ❑ No

If yes, did they complete a degree? ❑ Yes   ❑ No

If yes, what is the highest degree completed? ❑ Associate ❑ Bachelor ❑ Master ❑ Doctorate

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SCIENCE TECHNOLOGY ENGINEERING MATH

STEM SCHOLAR COMMITMENT AGREEMENT AND PHOTO RELEASE

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 2).

_____ 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 6-11 college-level credit hours (part-time) or a minimum of 12 college-level credit hours (full-time) during the spring 2014 semester.

_____ I agree to attend and participate in the STEM Institute Scholar and Mentor Orientation scheduled for the evening of Thursday, January 30, 2014. *Date subject to change with advance notice.*

I agree to attend and participate in the STEM Institute Spring Seminar scheduled for the evening of Thursday, February 20, 2014. *Date subject to change with advance notice.*

_____ I agree to attend and participate in the all-day STEM Institute Summit scheduled for Friday, April 4, 2014. Date subject to change with advance notice.

_____ I agree to participate in a mentorship with a STEM Faculty Fellow through the spring 2014 semester (time commitment of approximately 1 hour per week for 8 weeks).

_____ I understand that failure to meet these requirements will result in a reduction or loss of my award.

PHOTO RELEASE

_____ For good and valuable consideration, I, my heirs, executors, administrators, assignees and spouse, if applicable, agree without further recourse to total and complete authorization by the Dallas County Community College District, its employees and agents to all photographs, negatives, digital images, proofs or slides, video or other visual depictions which the College District has taken of me for any purpose whatsoever without further compensation or remuneration to me and that all photographs, negatives, digital images, proofs or slides, video or other visual depictions shall completely and irrevocably remain the property of the Dallas County Community College District.

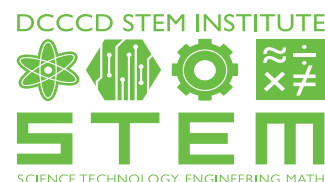**I have read the above and so evidenced by my signature below.**

Student Signature: _____   **Date:** _____

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STEM
SCIENCE TECHNOLOGY ENGINEERING MATH

8

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. For more Information about the DCCCD STEM Institute please visit (STEM webpage link)

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 an envelope with your signature across the seal. It must be included with the rest of their application and postmarked to the DCCCD Foundation by November 15, 2013. Your comments will be held confidential.

PART I: APPLICANT INFORMATION – TO BE COMPLETED BY THE STUDENT.

APPLICANT INFORMATION

First Name: _____ Last Name: _____

DCCCD Student ID#: _____ Primary Phone: _____

Primary Email Address: _____

College: ❑ Brookhaven ❑ Cedar Valley ❑ Eastfield ❑ El Centro ❑ Mountain View ❑ North Lake ❑ Richland ❑ Dallas Colleges Online

Program of Study (select number from list on page 2): _____

College-Level 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	❑	❑	❑	❑	❑
General Intelligence	❑	❑	❑	❑	❑
Quality of Work	❑	❑	❑	❑	❑
Creativity	❑	❑	❑	❑	❑
Interest in STEM	❑	❑	❑	❑	❑
Perseverance	❑	❑	❑	❑	❑
Maturity	❑	❑	❑	❑	❑

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: _____

Ttile: _____ Department: _____

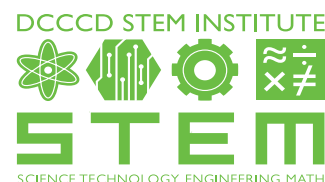DCCCD College or Institution: _____ Phone: _____

Email Address: _____

Faculty Signature: _____ **Date:** _____

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DCCCD STEM INSTITUTE

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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. For more Information about the DCCCD STEM Institute please visit (STEM webpage link)

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 an envelope with your signature across the seal. It must be included with the rest of their application and postmarked to the DCCCD Foundation by November 15, 2013. Your comments will be held confidential.

PART I: APPLICANT INFORMATION – TO BE COMPLETED BY THE STUDENT.

APPLICANT INFORMATION

First Name: _____ Last Name: _____

DCCCD Student ID#: _____ Primary Phone: _____

Primary Email Address: _____

College: ❑ Brookhaven ❑ Cedar Valley ❑ Eastfield ❑ El Centro ❑ Mountain View ❑ North Lake ❑ Richland ❑ Dallas Colleges Online

Program of Study (select number from list on page 2): _____

College-Level 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	❑	❑	❑	❑	❑
General Intelligence	❑	❑	❑	❑	❑
Quality of Work	❑	❑	❑	❑	❑
Creativity	❑	❑	❑	❑	❑
Interest in STEM	❑	❑	❑	❑	❑
Perseverance	❑	❑	❑	❑	❑
Maturity	❑	❑	❑	❑	❑

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: _____

Ttile: _____ Department: _____

DCCCD College or Institution: _____ Phone: _____

Email Address: _____

Faculty Signature: _____ **Date:** _____