

SEED TO BLOOM Ag-STEM INSTITUTE

Agriculture, Science, Technology, Engineering and Mathematics (Ag-STEM) Residential Summer Camp



STUDENT APPLICATION FORM 2017

Central State University, Wilberforce, OH 45384

June 11-June 23, 2017

Camp Information:

The SEED TO BLOOM Ag-STEM Institute is designed to provide activities, experiments, projects, and field experiences for students entering 6th, 7th, or 8th grade in the fall of 2017. **Students attend the camp free of charge**.

The SEED TO BLOOM Ag-STEM Institute is a two-week, academic, and residential camp. The camp will provide youth professional development, leadership skills, civic engagement, and mentoring activities that prepare young people to make positive impact in their communities. Participating students will experience major areas of STEM courses and their interconnectivity to agriculture in addition to the Youth Professional Development courses in alignment with nationally recognized 4-H programs. Field trips to partnering agricultural-based industries will be part of the camp. Selection criteria will include GPA requirements, having an interest in STEM related careers, letters of recommendations and an essay.

The camp will be held on the campus of **Central State University**, **1400** Brush Row Rd, Wilberforce, Ohio **45384**. Students will be housed in a dorm on the university's campus.

Application Process:

- Parent/Guardian and student complete the attached student application form.
- Recommendation forms.
- Student writes a one (1) page essay.
- Parent/Guardian or student gives the request for records to your child's school registrar.

The above requested documents are to be sent to Central State University/SEED TO BLOOM Ag-STEM Institute,
Attention: Gorgui Ndao, PO Box 1004, Wilberforce, OH 45384. The Student Application Form, Records and
Recommendations are due by the DEADLINE date, MAY 12, 2017. All requested documents MUST be returned
together. If we have not received all requested documents by the deadline date, the application will not be
considered. Selections for the SEED TO BLOOM Ag-STEM Institute will be made on or around May 19, 2017. You will
receive written notification on the status of the application on or around May 26, 2017. If you have any questions or
need additional information, please call Mr. Gorgui Ndao at 937-376-6265 or via email at gndao@centralstate.edu.

INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED

KEEP THIS PAGE FOR YOUR REFERENCE



SEED TO BLOOM Ag-STEM Institute



Agriculture, Science, Technology, Engineering and Mathematics (Ag-STEM) Summer Residential Camp

June 11 – June 23, 2017 Central State University, Wilberforce, Ohio

Application Process: The application consists of four sections. The application sections are (1) the Student
Application form, (2) the Recommendation Forms (3) Student Essay, and (4) the Student's School Records to be requested and sent from the school registrar by the parent/guardian with all other documents. Instructions are provided for the teachers to complete and return the recommendation. All four sections must be postmarked by
May 12, 2017 for the student to be considered for a scholarship to attend the Camp. All paperwork MUST be submitted together.

Incomplete applications MAY NOT be considered.

If all requested documents have not been received by the deadline date, the application may not be considered. Selections for the SEED TO BLOOM Ag-STEM Institute will be made soon after the deadline. Families will receive written notification on the status of the student's application on or around **May 26, 2017.** If you have questions or need additional information, contact Mr. Gorgui Ndao.

Purpose: The SEED TO BLOOM Ag-STEM Institute is designed to provide youth professional development and mentoring activities that prepare young people to make positive impact in their communities.

Program: The SEED TO BLOOM Ag-STEM Institute is a two-week academic, residential camp. Participating students will experience major areas of STEM courses and their interconnectivity to agriculture in addition to the Youth Professional Development courses in alignment with nationally recognized 4-H programs. Field trips to partnering agricultural-based industries will be part of the camp.

Camp Location: The camp will be held on the Central State University campus in Wilberforce, Ohio. Housing and meals will be provided by the university. Parents/Guardians are responsible for their student's transportation to and from the program.

Check List of Application Requirements – Due May 12, 2017
(1) Student Application, 2 pages fully completed and signed by parent/guardian and student
(2) Recommendation Forms
(3) Student Essay
(4) Student School Records
Mail Completed Application to

Central State University
Attn: Mr. Gorgui Ndao
SEED TO BLOOM Ag-STEM Institute
Jenkins Hall, Room 123
PO Box 1004, Wilberforce, OH 45384



SEED TO BLOOM Ag-STEM Institute



STUDENT APPLICATION FORM 2017

APPLICATION DEADLINE IS MAY 12, 2017

Please print CLEARLY in blue or black ink or type

Name of studer	nt:					
Home address:						
	City		State		Zip Code	
Ethnicity:			Date of Birth (M	lonth/Day/Year)	/	_/
Gender (check	one): Female	_ Male	-			
	Small TE WHETHER YOUT			X-Large	XX-Large	
Name of school	student is currentl	y attending:				
Current Grade I	Level:		School District:			
Name of Schoo	l student will be att	ending durin	g the 2017-2018	academic year:		
School District:						

ties (Science Fair, math club, after school, 2015, and 2016. Include awards have been a part of.
ı have been a part of.
hare with the selection committee.
udent essay is to be typed or neatly ha e selection committee why you are Central State University. <i>Be sure to wi</i> your essay.
-

Name of Student:						
PARENT/GUARDIAN INFORMATION						
Instructions: Please complete the following informat available.	ion for at least one custodial parent or guardian, both, if					
Name of Parent or Guardian:						
Daytime Phone No.:	Home Phone No.:					
Cell Phone No.:						
Email Address:						
Signature of Parent or Guardian	Date					
Name of Parent or Guardian:						
Daytime Phone No.:	Home Phone No.:					
Cell Phone No.:						
Email Address:						
Signature of Parent or Guardian	Date					



SEED TO BLOOM Ag-STEM Institute



Αt

Central State University, Wilberforce, Ohio

REQUEST FOR RECORDS – Your child should give this form to the registrar at his/her school. A parent or guardian must sign this request so that the registrar can release the records.

Dear Registrar:		
Please forward a copy of official records for this	student to the parent/guardian (grades and standardi	zed test scores).
The records should include a copy of the most re	ecent grades/report card and standardized test scores	. This form should
accompany the records.		
Name of Student (please print)		
Student ID Number:		
School Name:		
Grade:	Birth Date:	
Homeroom Teacher:		
Signature of Student	 Date	
I hereby grant permission to the release of the i	information that this form is requested on my child.	
Signature of Parent or Guardian	 Date	



Recommendation from Current SCIENCE Teacher For a Student applying for the SEED TO BLOOM Ag-STEM Institute Central State University



e for th tional) led flap	nis two-we for this st o, so that y oon as po	Ag- STEM Instituted residential student. When syour answers we saible. Student. Year 2016-2017	program. you finish will be priv	Please , put this vate.
e for thotional) led flap an as so ents:	for this st o, so that y	eek residential tudent. When your answers versible. Student.	program. you finish will be priv rs/Parents o	Please , put this vate. or Guardian
ents:	oon as po	year 2016-2017	rs/Parents o	or Guardian
ents:			Rarely	Never
ents:			Rarely	Never
ents:			Rarely	Never
ery	Often	Sometimes	Rarely	Never
-			,	
n	end st	end student to pa	end student to participate in the	end student to participate in the Summer Sc

Note: On the back of this sheet, please write 2-3 sentences about the student. Your comments will be especially useful in the selection process. Thank you.



Recommendation from Current MATHEMATICS Teacher For a Student applying for the SEED TO BLOOM Ag-STEM Institute Central State University



Name of Teacher:					
Directions to teacher:					
The student who has given you this form is applying to attend have taught this student, so you can tell if she/he is a good ca complete the chart below and write a letter of recommendati form into an envelope, seal it, and write your name across the	ndidate for t on (optional	his two-w for this s	eek residential tudent. When	program. you finish	Please , put this
Please return the sealed envelope to the student/parent or a		-	-		
are responsible for returning completed application.					
Name of Student:					
Course taken with this teacher: Subject			Year 2016-2017		
Please put an X in the appropriate column for each of the following : Statements:	statements:	Often	Sometimes	Rarely	Never
This student was eager to learn	much				
This student was eager to learn This student cared about other students					
This student was late to class					
This student skipped classes					
This student turned in homework and projects on time					
This student participated in class and group activities					
This student participated in co-curricular activities (science fair,					
etc.)					
This student volunteered to help other students					
This student was an asset to the class					
Check the best answer to the following question:					
Would you like to teach this student in another class?					
Yes, definitely					
Maybe					
Definitely not					
Check the box if you would you r	ecommend st	tudent to n	articipate in the	Summer Sc	ience Camn
Check the box it you would you i	Committee 3	taaciit to p	ar despute in the	January JC	.cncc camp

Note: On the back of this sheet, please write 2-3 sentences about the student. Your comments will be especially useful in the selection process. Thank you.