



## Exploring Math and Science Academy (EMSA)

### THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER (OUHSC) OFFICE OF COMMUNITY PARTNERSHIPS AND HEALTH POLICY

A primary goal of the University of Oklahoma Health Sciences Center (OUHSC) is to educate and train health science professionals within the State of Oklahoma. The OUHSC Office of Community Partnerships and Health Policy supports that mission by facilitating programs that are integral to developing future generations of health scientists with a particular emphasis on those young people from subgroups most likely to be underrepresented in the health sciences fields. Those programs engage students at the elementary, secondary and higher education levels. The efforts of the Office also extend to assisting parents in becoming better advocates for their students and developing partnerships within underrepresented communities.

The Exploring Math and Science Academy (EMSA) is the latest program aimed to provide students with additional, supplemental math and science education with applications to the health sciences.

**WHO:** Students entering into their 9th grade year that have demonstrated an interest in mathematics and/or science. Students from all backgrounds are encouraged to apply. The selection of participants for the Summer Academy will be in compliance with the Oklahoma Statutes and other applicable state and federal laws.

**WHAT:** The Exploring Math and Science Academy (EMSA) at the University of Oklahoma Health Sciences Center (OUHSC) is a stimulating summer experience for students to explore careers in the health sciences. EMSA will provide hands-on laboratory and classroom activities for students which will enrich their math and science knowledge and ability. In addition to activities at the seven OUHSC colleges, students will explore health fields in the community through a day long field trip.

**WHEN:** EMSA at OUHSC will run June 12-23, 2017. This will be a commuter academy that begins at 8:00 a.m. and ends at 5:00 p.m.

**WHY:** EMSA at OUHSC is designed to make success in college an expected and logical result of high school success for all participants. Nationally, there is a relative absence of African Americans, American Indians, Latinos, females, first generation college students, and students from poverty backgrounds in science, technology, engineering, and mathematics (STEM) educational programs and careers. Only 4 percent of students from groups underrepresented in the STEM fields graduate from high school with the credentials to enter those fields in college.

**HOW:** Applications may be submitted by email to: [CommunityPartnerships&HealthPolicy@ouhsc.edu](mailto:CommunityPartnerships&HealthPolicy@ouhsc.edu) or by U.S. Mail.

#### APPLICATION CHECKLIST:

- Completed application with signed consent form       Most recent report card
- Two Letters of Recommendation from a teacher
- Completed essay – On a separate sheet of paper, discuss your career goals and how this program will help you reach these goals.

**Please note: Applications are due on or before April 28, 2017 at 5:00 pm. Late or incomplete applications will not receive full consideration.**



## Exploring Math and Science Academy (EMSA) application

Please provide the following information for both the student and parent/guardian. The completed application form, most recent report card, recommendation letter, and typewritten essay questions must be returned to the University of Oklahoma Health Sciences Center Office of Community Partnerships and Health Policy by **April 28, 2017**.

Please mail this application with all all required materials to:

Office of Community Partnerships & Health Policy  
ATTN: EMSA Academy  
801 N.E. 13th Street, CHB 21  
Oklahoma City, OK 73104

Or e-mail completed applications to [CommunityPartnerships&HealthPolicy@ouhsc.edu](mailto:CommunityPartnerships&HealthPolicy@ouhsc.edu).

### **STUDENT APPLICANT INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

School you will be attending next year: \_\_\_\_\_ Fall 2015 Grade Level: \_\_\_\_\_

Day Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Current E-mail: \_\_\_\_\_ **(Please print clearly)**

Did either of your parents graduate from college?  Yes  No T-Shirt size: \_\_\_\_\_ (Sm-Med-Lg)

*Which of the following groups do you indentify with (Optional—please check all that apply):*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asian Pacific American | <input type="checkbox"/> Black/African American  | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Native American        | <input type="checkbox"/> White/European American |  |
| <input type="checkbox"/> Disabled               | <input type="checkbox"/> Other _____             |  |

Male  Female Are you eligible for free or reduced meals?  Yes  No

*Do you have any:*

Medical Restrictions:  Yes  No If yes, please explain: \_\_\_\_\_

Current Medications:  Yes  No If yes, please list: \_\_\_\_\_

Dietary Restrictions:  Yes  No If yes, please explain: \_\_\_\_\_

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## STUDENT RESPECT AND RESPONSILITIES

Students are expected to show respect for themselves and one another. They are expected to respect the line of authority including mentors, teachers, and administrators. If students do not follow program rules they will be reported to a teacher or a program director.

Students' safety, awareness, and prevention of accidents are our highest priority; therefore students should follow these guidelines:

- Students should not arrive prior to 7:30 a.m. due to the lack of supervision.
- Students are not allowed inside of buildings, classrooms, or labs without the supervision of a director, teacher, or mentor.
- Cross only at intersections where there are traffic signals and crosswalks.
- Remain with class or group at all times while on campus or on a field trip.

Students are not required to follow a strict dress code but must keep in mind that their personal appearance should not be a distraction to others in their learning environment and be the appropriate attire for the work and safety involved for class. Lab coats and safety goggles will be provided when needed.

Students will have access to a laptop and internet computer services provided for the sole purpose of doing research, resource sharing and communication. Each student will be assigned a numbered laptop for educational purposes only. For reasons of security and appropriate utilization directors, teachers, and mentors will periodically monitor each student's use of the network resources to insure that the internet access is not being misused.

If a participant leaves their assigned group, behaves in a manner that risks his/her safety or the safety of someone else or engages in any illegal behavior, parents/guardians will be called and you (the participant) will be asked to leave the program immediately.

Cancellation Policy: If you are accepted into the program and cannot attend please cancel. All cancellations must be submitted in writing and arrive in the program office by the cancellation date of May 15, 2017 or may be submitted via e-mail to [CommunityPartnerships&HealthPolicy@ouhsc.edu](mailto:CommunityPartnerships&HealthPolicy@ouhsc.edu).

*As a student in this Academy, you must behave in a manner worthy of the trust placed in you and which exemplifies the quality of character that the program demands and expects. Your signature below acknowledges your reading and understanding of the information above.*

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PARENT/GUARDIAN INFORMATION**

Please provide the following information. Please also read the Parent/Guardian Statement of Consent below and provide your signature.

Parent/Guardian Full Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current E-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

APPLICANT'S Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If unable to reach parent /guardian, please contact:

Full Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Day Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT OF CONSENT**

The undersigned, a parent/guardian of the academy participant \_\_\_\_\_ requests that \_\_\_\_\_ be permitted to engage in field trips on and off campus associated with the Exploring Math and Science Academy (EMSA) and, as a prerequisite consideration, agree:

The undersigned parent acknowledges and understands that \_\_\_\_\_ will receive general supervision during the activity; and agrees to hold the University of Oklahoma Health Sciences Center, Exploring Math and Science Academy and its employees and agents harmless for a liability arising out of the participation except that for which the University of Oklahoma Health Sciences Center and the Exploring Math and Science Academy (EMSA) is responsible under the laws of the State of Oklahoma.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**IMAGE RELEASE CONSENT**

I grant permission for my child's name/picture to be used in the University of Oklahoma Health Sciences Center's Exploring Math and Science Academy for educational and marketing purposes. I understand that the image will be used to help illustrate and explain the Exploring Math and Sciences Academy program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**INTERNET USAGE PERMISSION FORM**

Student Name: \_\_\_\_\_

Dear Parent or Guardian:

With your permission your child will be able to access the Internet in the academy as part of their summer experience. Below are rules for use in the program. Please read before you consider granting permission.

**Guidelines for Internet Usage:**

1. All participants must have a signed permission slip from their parent/guardian that authorizes them access to the Internet.
2. Respect for the equipment of the OUHSC and its network is a condition for use of the computers.
3. Participants are to notify the staff immediately of any disturbing material they may encounter on the web.
4. Participants are not to give out personal information like telephone number, full name, address, etc. to anyone on the Internet.
5. Participants are to never give anyone their password or allow another student to use their password to access the Internet.
6. Participants must gain clearance from the staff before downloading any programs from the Internet.

*Violation of any of these rules may result in forfeiture of permission to use the Internet. Please sign below if granting permission and return the entire form with the application. DO NOT tear off the bottom.*

**PERMISSION**

I, \_\_\_\_\_ give permission for my child to access the Internet and publish class-related information on it in accordance with the above guidelines.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date

I, \_\_\_\_\_ have also read the above and will honor the Guidelines for Internet Usage in the Exploring Math and Science Academy.

\_\_\_\_\_  
Participant Signature\_\_\_\_\_  
Date

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