



**2022**  
**Summer Science Scholars Program**  
**Student Application**

The **Center for Advanced STEM Education** at Metropolitan State University of Denver (MSU Denver) announces our summer program for incoming high school seniors, community college students, and MSU Denver undeclared majors who are interested in STEM. This three-week full day program of learning STEM through a research project, exploring university resources, and engaged in hidden curriculum is funded in part by **Xcel Energy Foundation, Virginia Hill Foundation** and by the **Colorado – Wyoming Alliance for Minority Participation (CO-WY AMP)**. Priority will be given to students from historically underrepresented groups.

*\*\*Safety is paramount, in strict accordance with state, local, and university health and safety recommendations; therefore, participation will be limited, and programming may need to be canceled based on those guidelines.\*\**

**Theme: Water and the Environment**

**Dates: June 13 to July 1, 2022**

**Times: 9:00 a.m. to 3:00 p.m., M – F**  
**(lunch will be provided daily)**

**Location: Auraria Campus,**  
**Metropolitan State University of Denver**

**Cost: Free**

***\*\*\$500 Stipend will be provided to participants who attend the full three-weeks of programming***

***Please note application deadline Friday, April 15, 2022 by 5pm.***

**Brief Description of the Program:** The Program’s goal is to promote STEM interests and build STEM identity through competence, performance, recognition, and co-curriculum engagement. The Summer Science Scholars (SSS) Program will run from 9:00 a.m. to 3:00 p.m. Monday through Friday for a three-week period. Students will be learning various STEM skills in the first week and applying the skills learned to a research project of their choosing. Information on navigating the university application process, financial literacy, STEM career exploration and community building will be components of the program. On the last day of the program, students will present their research project to their friends, family and teachers via an in-person and online format.

If you have questions regarding our program, send us an email to [case@msudenver.edu](mailto:case@msudenver.edu) or call us at 303-615-0294.

# BEHAVIORAL GUIDELINES

In order to create a rewarding and successful Summer Science Scholar Program, participant behavioral guidelines must be followed. This contract explains what is expected of participants during the three-week program.

- a. Participants are expected to follow instructions from instructors and camp counselors.
- b. Participants are always to remain in the classroom or designated area with other students and counselors.
- c. Participants will be responsible for working carefully, safely, and cooperatively with others. In addition, participants will immediately inform the Director/staff/camp counselors of any concerns.
- d. Lunch and snacks will be provided. Participants who bring valuables do so at their own risk (such as jewelry, cell phones). If student does bring a cell phone, they are expected to keep their cell phone on vibrate while at the program. Bringing money or other valuables is strongly discouraged.
- e. Participants will be considerate of speakers, faculty/instructors, facilities, and other students. **Disruptive, inconsiderate, and bullying behavior (including actions and/or language) will not be permitted and the participant will be asked to leave the camp.**
- f. Follow all required health protocols (page 5). Not following health protocols will result in the participant being asked to leave the camp.

## Disciplinary Procedures

If the participant is not behaving according to the guidelines, they will be removed from the class and made aware of their behavior. Furthermore, the parent/guardian of minors will be made aware of the situation. If the behavior does not improve, the student will be asked to leave the program and will forfeit the stipend.

**Your signature is your acknowledgement that you understand the rules and are willing to adhere to all the behavioral guidelines.**

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Parent/Guardian Name - if participant is a minor: \_\_\_\_\_

Parent/Guardian Signature - if participant is a minor: \_\_\_\_\_

**Please write or print legibly or complete forms as a fillable PDF**

## PARTICIPANT INFORMATION

Name of Participant: \_\_\_\_\_

Gender: Female                      Male                      Prefer not to answer

Birthdate: \_\_\_\_\_

Grade or number of college credits completed by Spring 2022: \_\_\_\_\_

Please **check** one of the following:

African American       Native American       Alaskan Native

Asian       White       Hispanic       Multi-Racial

Other: \_\_\_\_\_

Prefer not to answer

School/College: \_\_\_\_\_

District: \_\_\_\_\_

Student's GPA: \_\_\_\_\_

Students Cell Phone (if any): \_\_\_\_\_

Student E-Mail Address: \_\_\_\_\_

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

\_\_\_\_\_

### **Participants who are minors - please complete:**

Parent/Guardian: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Primary Number: (c)  (h)  (w)  \_\_\_\_\_

Secondary Number: (c)  (h)  (w)  \_\_\_\_\_

**EMERGENCY CONTACT (REQUIRED)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Number: (c)  (w)  (h)  \_\_\_\_\_

Permission to be released on their own at the end of the day/program:

Y            N

Person(s) to whom a minor student may be released if different from the listed parent/Guardian:

1) \_\_\_\_\_ (2) \_\_\_\_\_

**SCHOLAR STATEMENT**

Please include a short paragraph on why you would like to participate in the SSS program:

## COVID 19 Health Protocols and Self-Assessment Agreement

### You Agree to Follow the Health COVID 19 Protocols:

These protocols are to protect the health and safety of all persons on the Metropolitan State University of Denver campus.

- Perform a health assessment daily before coming to campus (see below).
- Wear a mask **if required** on campus when in the presence of others (Bandanas and buffs are not acceptable face coverings).
- Wash your hands frequently or use hand sanitizer on the way in and out of buildings.
- Maintain physical distancing of at least six feet **if required**.
- Comply with occupancy limits posted on elevators; maintain physical distancing if using the stairs **if required**.

### You Agree to the Following Required Daily Health Assessment:

Each member of the campus community is required to perform this self-assessment prior to leaving home. If you are not feeling well or have any of the following symptoms, please do not come to campus.

#### Do you have any of the following symptoms? Yes or No

- Fever or elevated body temperature (100.4 or higher)
- New cough
- Shortness of breath or difficulty breathing
- Runny nose
- Headache
- Sore throat
- Muscle pain/body aches
- Nausea/vomiting/diarrhea
- Loss of taste or smell
- Chills and/or repeated shaking with chills
- Have you had direct contact with a person with Covid-19 in the past 14 days?
- In the last two weeks, have you worked or volunteered at a health care facility?
- Were you diagnosed with a positive case of Covid-19 in the past 30 days?

By your signature, you agree to each statement above and release Metropolitan State University of Denver from any and all liability for unintentional exposure or harm due to COVID-19.

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Signature of Participant

Date

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Parent or Guardian Signature for minor participants

Date

## Statement of Participant's Health

- A. Are there any known allergies of which we should be advised?  
If yes, please explain: \_\_\_\_\_
- B. Is the participant currently taking any medication or under medical supervision?  
If yes, please explain: \_\_\_\_\_
- C. Is the participant on a special diet?  
If yes, please explain: \_\_\_\_\_
- D. Are there any special needs of which we should be advised that are not covered on this form? If yes, please explain in detail:
- \_\_\_\_\_

**Photography Release**  
**METROPOLITAN STATE UNIVERSITY OF DENVER**  
**College Communications, Center for Advanced STEM Education**

I give my permission for Metropolitan State University of Denver, Center for Advanced STEM Education to use my photograph/image in any official publication of the College, including, but not limited to, multimedia productions such as television, video, the MSU Denver website, etc. and I release all rights to the aforementioned photograph/ image. I also understand that I will not be compensated monetarily for my time or for the use of my image.

Summer Science Scholars 2022	Summer 2022
Project/Event	Date

Camp Counselors/Instructors	MSU Denver
Photographer	Location

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Name of Participant

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Signature of Participant or Minor's Parent/Guardian	Date
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## Email and Survey Contact Release

### METROPOLITAN STATE UNIVERSITY OF DENVER Center for Advanced STEM Education

I give my permission for Metropolitan State University of Denver, Center for Advanced STEM Education to contact me with a short *survey* on participants interest in STEM during or after attending Summer Science Scholars Program, or possibly participate in a *focus group* with other students to gather feedback on the program.

I give my permission for Metropolitan State University of Denver, Center for Advanced STEM Education to engage me in participant surveys and/or focus groups during or after attending Summer Science Scholars Program to gather feedback on the program.

Summer Science Scholars Program 2022

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Name of Participant

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Signature of Participant or Minor's Parent/Guardian

Date



## **Hold Harmless Accident**

I understand, as an individual voluntary participant, hereinafter referred to as “Participant”, in the Center for Advanced STEM Education (CASE) **Summer Science Scholars** Program, hereinafter referred to as the “Program” does hereby agree to assume all risk of personal injury or loss, bodily injury including death, damage or loss or destruction of any personal property occurring in connection with or arising out of participation of the Program.

By my signature, I hereby recognize and acknowledge that there are certain risks inherent in participation in the Program, which I voluntarily accept and assume. I hereby also agree to hold harmless, release and forever discharge, CASE and the Regents of Metropolitan State University of Denver, its officers, agents, administrators, employees and students from and against any and all claims, demands, costs and expenses including attorney’s fees, arising out of or in any way connected with any bodily injury sustained by me or any liabilities related to any such injury or loss.

I hereby agree to acquire, read and abide by all the regulations for conduct as provided for participation in the program.

**Notice: This is an important document:** Please read carefully before signing and consult a legal advisor should you have any questions regarding the meaning/ implications of this document.

### **Please Initial all that Apply and Sign**

\_\_\_\_\_ I/We \_\_\_\_\_ have read the Contract Agreement Rules and agree to abide by them for the duration of the Summer Science Scholars Program.

\_\_\_\_\_ I/We \_\_\_\_\_ have read and agree to the “Hold Harmless Accident/Medical Insurance” portion of this contract.

\_\_\_\_\_ This document has been signed voluntarily and with full understanding by  
\_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Minor’s Parent/Guardian Signature: \_\_\_\_\_

### **Please write or print legibly or complete forms as a fillable PDF**

**Return completed forms to:** [case@msudenver.edu](mailto:case@msudenver.edu)

**Questions: Email:** [case@msudenver.edu](mailto:case@msudenver.edu) or

**Phone:** 303-615-0294