

## **2025 Summer Science Scholars Program Application**

**The Center for Advanced STEM Education** at Metropolitan State University of Denver (MSU Denver) summer program for rising and current high school seniors, and community college students who are interested in STEM. This two-week full day program of learning STEM through a research project, exploring university resources, and STEM Careers is funded in part by **Xcel Energy Foundation**, **Virginia Hill Foundation** and by the **Building Identity Leading to Diversity (BUILD) Project**.

***Theme: Water and the Environment***

***Dates: June 9 to June 20, 2025 (no class on June 19)***

***Times: 9:00 a.m. to 3:00 p.m., M – F***

***(lunch will be provided daily)***

***Location: Auraria Campus - Science Building***

***Metropolitan State University of Denver***

***Cost: Free***

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

***Please note application deadline April 30, 2025 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 two-week period. No program on June 19<sup>th</sup>. Students will be learning various STEM skills and applying the skills learned to a research project of their choosing. Information on navigating the university processes and STEM career exploration 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 through an in-person presentation on the Auraria campus.

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 two-week program.

- a. Participants are expected to follow instructions and safety guidelines from instructors and program mentors.
- b. Participants are always to remain in the classroom or designated area with other students, mentors and instructors.
- c. Participants will be responsible for working carefully, safely, and cooperatively with others. In addition, participants will immediately inform the Director/staff/mentors 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 program and forfeit the stipend.**
- f. Follow all required health and safety protocols. Not following protocols will result in the participant being asked to leave the program.

## 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, if a minor the parent/guardian 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 (PRINT): \_\_\_\_\_

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**

**Illegible forms will not be considered**

## PARTICIPANT INFORMATION

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

Gender:    Female                      Male                      Prefer not to answer

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

Grade completed as of Spring 2025: \_\_\_\_\_

Number of college credits (if any) completed by Spring 2025: \_\_\_\_\_

Please **check** one of the following:

African American ☐      Native American ☐      Alaskan Native ☐

Asian ☐      White ☐      Hispanic ☐      Multi-Racial ☐

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

Prefer not to answer

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

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

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

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

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

Home Mailing Address with zip code: \_\_\_\_\_

\_\_\_\_\_

### **MINORS provide the following:**

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) ☐ \_\_\_\_\_

Complete the attached **Consent for Treatment of a Minor** – Required for all minors

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

Y            N

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

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

**SCHOLAR STATEMENT**

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

## Health Protocols and Self-Assessment Agreement

### **You Agree to Follow the Health Protocols:**

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

### **You Agree to the Following Health Assessment:**

If you are not feeling well or have any of the following symptoms, please do not come to campus. *Contact Summer Science Scholars staff/mentor if not able to be in attendance due to illness.*

- 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
- Did you test positive for Covid-19?

By your signature, you agree to following the health protocols above and release Metropolitan State University of Denver from any and all liability for unintentional exposure or harm due to COVID-19 or other illness.

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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 University, 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 2025	Summer 2025
Project /Event	Date
Program Mentors/Instructors/Staff	MSU Denver
Photographer	Location
Name of Participant	Date
Signature of Participant or MINOR's Parent/Guardian	Date

### 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 and/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 2025

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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 complete forms as a fillable PDF or scan legibly written documents**

**Submit completed forms electronically to:**

[case@msudenver.edu](mailto:case@msudenver.edu)

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

**Phone:** 303-615-0294



## Consent for Treatment of a Minor

### 1. PATIENT INFORMATION

<b>Patient Name</b> (First name, middle initial and last name)		<b>Today's Date</b>
		MONTH DAY YEAR
<b>Social Security Number</b>	<b>Student ID#</b>	<b>Date of Birth</b>
		MONTH DAY YEAR

### 2. PARENT/GUARDIAN INFORMATION

<b>Parent/Guardian Name</b>		<b>Relationship to Patient</b>
<b>Current Address</b> (Number, street & apt or suite number)		
<b>City, State and ZIP Code</b>		
<b>Home Phone</b> (Required)		<b>Secondary Phone</b> (Required)
<b>Secondary Emergency Contact Name</b>	<b>Relationship to Patient</b>	<b>Phone Number</b>

By signing below, I agree that being the parent or legal guardian of the patient listed above, give my consent for both emergency and routine medical and surgical treatment of this minor at the Health Center at Auraria should their condition so require it as deemed necessary by a Health Center at Auraria health care provider. I understand that in the case of an emergency, reasonable attempts would first be made to contact me, time and conditions permitting. As long as the medical or surgical treatment considered necessary in the situation, is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow: (if none, so state)

**I understand that this authorization is good until the time in which the minor mentioned above reaches his/her 18th birthday.**

<b>Parent/Guardian Signature</b>	<b>Date</b>
	MONTH DAY YEAR
<b>Witness</b>	<b>Date</b>
	MONTH DAY YEAR