

# RISE Program

University of Toledo



## STUDENT APPLICATION

### I. STUDENT INFORMATION:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

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

**Current** Grade:  10<sup>th</sup>  11<sup>th</sup> Gender:  Male  Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### II. PARENT/GUARDIAN INFORMATION:

Primary Guardian Name:	Secondary Guardian Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Occupation:	Occupation:
Business Phone:	Business Phone:

### III. PROGRAM QUESTIONS

1. In what area are you interested:

Physics  Chemistry  Biology  Engineering

2. How likely are you to attend college?

1 (Not going)                      2                      3                      4                      5 (Definitely going)

3. What are some obstacles or concerns you have about attending college? (eg. cost, admissions, grades, first in your family...) \_\_\_\_\_

### IV. STUDENT ESSAY

Attach a separate sheet with a single spaced typed essay no longer than two pages. The essay should include the following: 1.) Why you want to participate in this program, 2.) What do you expect to get out of this program, and 3.) a statement of why you want to go to college.

**V. LEVEL OF COMMITMENT**

Do you have prior commitments such as vacations, classes, sports, college visits, or medical issues that will conflict with the dates of the summer internship program? If yes, please explain with specific dates. \_\_\_\_\_

\_\_\_\_\_

**VI. PARENTAL CONSENT**

As the parent/guardian, I certify that my son/daughter has my permission to participate in the UT RISE program. It is my understanding that he/she will be subjected to the regulations of the host institution and project. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by phone, such medical treatment as deemed necessary by a competent medical doctor is authorized.

\_\_\_\_\_  
Parent/Guardian Name (please print)                      Parent/Guardian Signature

\_\_\_\_\_  
Student Name (please print)                                      Student Signature

Date of Application: \_\_\_\_\_

PLEASE EMAIL ALL APPLICATION MATERIALS TO DR. ADAM PHILLIPS AT:

Adam.Phillips@utoledo.edu