



**2020 College Now
STEM Research Academy
@ NYC College of Technology**
A FREE Spring to Summer Science Program



The College Now STEM Research Academy at City Tech is a two-part program designed to provide high school students with an opportunity to develop strong college level research skills by engaging in authentic science inquiry and research activities. Selected students will be enrolled into a free Spring 2020 pre-college research course. Upon successful completion of the spring course, students will have the opportunity to apply for the 2020 STEM Summer Research Internship.


The summer program is FREE to students. College Now covers the cost of tuition, books and supplies. Students who participate will also receive a City Tech College ID card, free lunch, metro card, and stipend upon completion of the summer internship program.

Program Description and Schedule

SPRING 2020

Saturdays, 10:00am-2:00pm, **February 15th to May 30th** (15 sessions) on City Tech campus and 2 field trips

INTRODUCTION TO SCIENCE RESEARCH COURSE

-  This course is designed to strengthen basic skills such as formulating researchable questions, designing testable experiments, performing literature searches in library databases, and reading scientific literature including peer-reviewed journal articles. Participants conduct experiments in a science lab and field research at sites throughout Brooklyn, with the purpose of preparing them for a summer research experience with CUNY research faculty. They engage in research on a topic in biology or chemistry, learn to formulate a question and hypothesis, design an experiment, analyze results, and present findings in a scientific format.

SUMMER 2020

Students who complete the spring course will have the opportunity to apply for the summer STEM internship:

-  **RESEARCH INTERNSHIP** (stipend)

Monday-Thursday, 9:00am- 4:00pm, **June 29th --August 14th** (7 weeks)

Selected students will participate in a six-week structured laboratory program where they are matched with a City Tech faculty researcher and lab team, based on the student's area of interest. In addition to working in a research lab four days a week, students will be required to participate in a once-weekly college seminar and discussion group, conduct their own short research project, write a paper discussing their findings and present these to City Tech faculty. Students who successfully complete the internship and research project will receive a monetary stipend.

ELIGIBILITY for the STEM Research Academy Spring Course

In order to be eligible for the College Now STEM Research Academy @ City Tech, students must meet all of the following requirements:

- Sophomore or Junior
- Overall HS average of 80+
- English scores/grades:
 - ELA Regents 75+
 - or SAT Verbal/Critical Reading 480+
- 80+ on Living Environment Regents
- 80+ on any one Math Regents
- Passed all other required math, science and history regents exams taken so far

Application Process

To apply you must:

1. Fill out the attached application.
2. Obtain the required parental and school staff **signatures**.
 - *Student Domestic Travel Waiver* – please complete **Pages 7, 8** (student signs) and **9** (completed by parent & notary). Other pages can be left blank.
3. Complete a one- to two-page, typed **essay** discussing your areas of interest in science, explaining what you hope to gain from STEM Academy participation and what makes you a great candidate for the program.
4. Attach your most recent high school **transcript**.
5. You or your guidance counselor **must ensure that your application is received** by the College Now office via mail, email, or fax by **Friday, December 20th, 2019**.
6. Final acceptance decisions will be made and candidates will be informed of their acceptance status by **Friday, January 10th, 2020**.

COLLEGE NOW STEM RESEARCH ACADEMY – CITY TECH COLLEGE
300 JAY STREET, MIDWAY BUILDING, ROOM 209, BROOKLYN, NY 11201
718-260-5206 (phone) | 718-260-5503 (fax)
mbrittain@citytech.cuny.edu





**College Now
STEM Research Academy
@ NYC College of Technology**



HAVE YOU PARTICIPATED IN COLLEGE NOW BEFORE? YES NO

Please **PRINT** clearly

LAST NAME		FIRST NAME			MI
OSIS #	SSN	GENDER (circle) M or F		DOB (mm/dd/yy)	
STREET ADDRESS					APT.#
CITY				STATE	ZIP CODE
HOME PHONE #		YOUR CELL PHONE #		PARENT CELL PHONE#	
EMAIL					
HIGH SCHOOL ETS CODE		HIGH SCHOOL NAME			
OVERALL HS GPA	ELA REGENTS SCORE	MATH REGENTS SCORES ALGEBRA 1 GEOMETRY ALGEBRA 2/TRIG			MATH GPA
LIVING ENVIRONMENT REGENTS SCORE		SCIENCE GPA	SAT VERBAL/CRITICAL READING SCORE		OTHER SCIENCE REGENTS SCORES
RACE/ ETHNICITY 1. Are you Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Select one or more races: <input type="checkbox"/> Black / African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native			CITIZENSHIP STATUS (OPTIONAL): <input type="checkbox"/> US Citizen <input type="checkbox"/> Other <input type="checkbox"/> Permanent Resident <input type="checkbox"/> I don't know PARENT/GUARDIAN'S HIGHEST EDUCATIONAL LEVEL (OPTIONAL): <input type="checkbox"/> Post/Grad., Professional <input type="checkbox"/> College Degree <input type="checkbox"/> Some College <input type="checkbox"/> HS Grad. <input type="checkbox"/> Some HS <input type="checkbox"/> 8 th grade or less <input type="checkbox"/> I don't know		

Student signature

Date

I have read the information on this application carefully, and I understand that if I am accepted into the City Tech College Now STEM Research Academy, I am expected to complete the course in spring 2020 and, if accepted, participate in the City Tech College Now STEM Summer Research Program in summer 2020.

Parent/Guardian signature

Date

I have read the information on this application carefully, and I understand that if my child is accepted into the City Tech College Now STEM Research Academy, s/he is expected to complete the course in spring 2020 and, if accepted, participate in the City Tech College Now STEM Summer Research Program in summer 2020.

Guidance counselor signature

Date

I have read the information on this application carefully. I recommend this student to participate in the City Tech College Now STEM Academy and agree to follow up with the student as necessary to support his/her success in the program.

❖ **Application, essay, and updated transcript must be submitted to the College Now Office at CITY TECH, 250 JAY STREET, MIDWAY BUILDING, Room M209, by Friday, December 20th, 2019.**

Call 718-260-5206 if you have any questions.



Parent Permission and Consent Form

Dear Families:

We welcome your interest in College Now @ City Tech! For your child to be accepted this semester, you must read, **complete and return this form and attend our mandatory student orientation.**

Your son and/or daughter expressed interest in joining the *College Now Program at New York City College of Technology (City Tech)* Program this coming semester. The program, part of a City University/Board of Education collaborative to prepare students for college, is a wonderful opportunity available to students in NYC public high schools. The College Now brochure (online at <http://citytechprecollege.org/>) explains the program in more detail and if you ever have a question, please call us directly at 718-260-5206.

Before we consider your child’s application, your child will need your consent on a few items. After you carefully read and complete (sign) the form, please have your child return it along with the registration form, transcript and course selection form before the deadline (see above) to our office directly.

PERMISSION TO TRAVEL AND PARTICIPATE, YET HOLD HARMLESS

I, the parent/guardian of the student named below, hereby give my permission for my son/daughter to participate in College Now program initiatives, including the course described above, trips, and enrichment activities. I understand that my child is expected to travel unaccompanied to and from City Tech as well as to and from various scheduled field trips (may vary by class), and other enrichment activities.

I *agree not* to hold my son/daughter’s high school or any of its employees or Board of Education or any of its employees or the City Tech or any of its employees or the City University of New York or any of its employees responsible for any expenses or injuries that my child may incur while engaged in this activity. I understand that my child is responsible for his/her behavior at all times.

I agree that in the event of an injury City Tech or New York City Board of education personnel in charge of this activity may act on my behalf in obtaining medical treatment for my child. I indicated below any permanent or temporary condition that should be known about my child:

(Write none, if applicable)_____.

PHOTO RELEASE

We are sending you this parental consent form to both inform you and request permission for your child’s photo/image and personally identifiable information to be published on the City Tech or New York City Board of Education or College Now Program at City Tech’s public internet. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the internet does not allow us to control who may access such information. These dangers have always existed; however, we as a program want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, phone numbers and locations and time of class trips. If you, as the parent or

guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to College Now Program at City Tech Office of Collaborative Programs, and such a letter will take effect upon receipt.

Please choose **only one and write your INITIALS in the box:**

I/we **GRANT** permission for a photo/image that includes this student without any other personal identifiers to be published on the CUNY, College Now Program at City Tech Office of Collaborative Programs and/or New York City Board of Education public internet or other media.

I/we **GRANT** permission for the student's photo/image and name to be published on the City University of New York, College Now Program at City Tech Office of Collaborative Program and/or New York City Board of Education public internet, or other media.

I/we **GRANT** permission for the student's photo/image and all other personal identifiers listed above to be published by or on behalf of the College Now Program at City Tech Office of Collaborative Programs and/or New York City Board of Education public internet, or other media.

I/we **DO NOT GRANT** permission for photo/image that includes this student to be published by, on behalf or on the College Now Program at City Tech Office of Collaborative Programs and/or New York City Board of Education public internet, or other media.

PARENT/GUARDIAN PLEDGE TO SUPPORT

I, the parent/guardian of _____ pledge to:

- Be an active participant as much as my schedule will permit (attend all orientation sessions and mandatory meetings; volunteer at least once per year).
- Periodically contact my child's high school guidance counselor AND the College Now @ City Tech representative for academic performance and attendance update.
- Encourage and help my child maintain a positive attitude about education.
- Seek out assistance in supporting my child, as needed.

Student's High School Name: _____

Student's Name: (please print) _____ Current Grade level _____

High School: _____

Parent/Guardian's Name (Please Print) _____

Signature of Parent/ Guardian: _____ Date _____

Emergency Contact Number: _____

E-mail: _____

Relation to Student: _____

CUNY OFF-CAMPUS ACTIVITY PARTICIPATION, WAIVER, AND EMERGENCY CONTACT FORM (DOMESTIC TRAVEL)

This form has been developed by the CUNY Office of the General Counsel (OGC) and shall not be altered or adapted except in the answerable fields without the approval from OGC.

PART A - To be completed by the Trip Sponsor or Trip Chaperone and then distributed for completion by participating students

Description of Activity

New York City College of Technology ("College") of The City University of New York believes that participation in organized, off-campus activities by its students can be an important part of a student's learning experience. Off-campus activities may, however, involve certain risks, both to the participating students and to the College/University. In order to participate, each student must read carefully, complete, and sign this Off-Campus Travel Participation, Waiver, and Emergency Contact Form and submit it to the Trip Sponsor prior to the Activity.

Description of Activity:

Destination of Activity:

Date(s) of Activity:

Name of Trip Sponsor:

Affiliation of Trip Sponsor to College/University:

Name of Trip Chaperone:

Contact Telephone Number on Date(s) of Activity:

PART B - To be completed and signed by the participating student and, if under 18, his/her parent or legal guardian

Participation, Waiver and Release, and Emergency Contact Information

I wish to participate in the Activity, and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

ASSUMPTION OF RISK

1. I understand that participation in the Activity involves risks and hazards not found in study at the College. These risks can range from a) minor injuries such as bruises and strains, to b) major injuries such as broken limbs, loss of sight, neck or back injuries, heart attacks and concussions, to c) catastrophic injuries, including paralysis and death, and also include risks of damage to or theft of personal property, and risks involved in traveling to and within, and returning from, Activity sites. I understand that there may be other risks not known or reasonably foreseeable. I have sought and obtained information and advice that I feel are necessary and appropriate.
2. I VOLUNTARILY ACCEPT AND ASSUME ALL OF THE RISKS IN PARTICIPATING IN THE ACTIVITY.
3. My participation in the Activity is voluntary.

WAIVER OF LIABILITY

4. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, The City University of New York (University), any student organization and/or related entity of CUNY that organized, sponsored and/or funded the Activity, the City of New York, the State of New York, and the officers, directors, employees, representatives, agents and affiliates of any and all of them ("Released Parties") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or related to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others,
 - (a) caused by, deriving from, or associated with my presence at, participation in, or travel to or from the Activity, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERS, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, directors, employees, representatives, agents or affiliates of any of the Released Parties; or
 - (b) arising at a time when I am not under the direct supervision of University or that are caused by my failure to remain under such supervision.

5. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Activity or I have disclosed to the College any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Activity. I, for myself and on behalf of my family, heirs and personal representative(s), HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS each of the Released Parties FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, ACTIONS AND CAUSES OF ACTION WHATSOEVER arising out of or related to any loss, damage or injury (including death) to me or others, or to any property belonging to me or others, caused by, deriving from, or associated with my failure to disclose to the College any such conditions, problems, or needs.

OTHER REPRESENTATIONS

6. I will become informed of, and will abide by, all such laws and standards surrounding the Activity and assume responsibility for my actions, understanding that the circumstances of an Activity may require a standard of behavior that may differ from that applicable on campus. I will comply with the University's rules, standards, and instructions, for student behavior generally and for the Activity, including the College's Code of Student Conduct, the Henderson Rules of Public Order, and the expectations for student behavior described in the CUNY Student Domestic Trip and Travel Guidelines (collectively, the "standards"). I agree to obey the laws of New York City, New York State, and the United States; the laws of the trip destination, and orders of the college, and its appointed representatives.

7. I agree that the University has the right to enforce the standards and conduct described herein, in its sole judgment, and that it may impose restrictions, up to and including removal and termination from the Activity, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and welfare of the College, the University, the Activity or other participants. If I am terminated from the Activity, I consent to going home at my own expense with no refund of fees.

8. I have or will obtain and maintain health, accident, disability, hospitalization, and travel insurance as I deem necessary to participate in the Activity, and I will be responsible for the costs of such insurance and for any expenses not covered by insurance.

- 9. The University may, but is not obligated to, make any decisions and take any actions regarding my health and safety that it considers to be warranted under the circumstances. I hereby authorize the University to make such decisions and take such actions. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.
- 10. Except for any University scholarships or similar funding, I am assuming full financial responsibility for all costs and expenses incurred by me in connection with the Activity, including, without limitation, financial responsibility for damage or destruction to property of third parties.
- 11. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.
- 12. This waiver and release represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Activity. It supersedes any previous or contemporaneous understandings I may have had with the College or the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.
- 13. I agree that this Release be construed in accordance with New York law. I agree that this Release will be binding to the fullest extent permitted by such law. If any part of this Release is held to be unlawful, that part will be limited only to the minimum extent necessary to comply with the law, and the validity of the remaining parts will not be in any way affected.

I HAVE READ ALL OF THIS RELEASE AND I FULLY UNDERSTAND IT. I AM VOLUNTARILY SIGNING THIS RELEASE WITH THE INTENTION TO BE BOUND BY ITS TERMS. NO REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS NOT CONTAINED IN THE RELEASE HAVE BEEN MADE TO ME BY ANY OF THE RELEASED PARTIES.

14. I am printing my contact information below:

Name of Participant:	CUNY/EMPL ID:	
Local Address:		
City:	State:	Zip:
Cell Phone:	Email address:	

15. I am printing my **emergency contact information** below:

Name:	Relationship:
Phone numbers: day	evening
Email address:	

16. Check one:

I am at least eighteen years old.

I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see next page) as well as my own.

17. OPTIONAL: I wish to voluntarily disclose the following of any medical or health condition:

I wish to participate in the Activity, I have read and completed this Off-Campus Activity Participation, Waiver, and Emergency Contact Form carefully, and I am signing it voluntarily.

Date:

Signature: _____

If participating student completing and signing this form is under the age of 18, then the following pages must be completed and signed by the student's parent or legal guardian.

