



## DCCCD STEM INSTITUTE APPLICATION PACKET | FULL TIME STUDENT

### PURPOSE

Initiated as a pilot program in 2009 and now entering its fifth year, the DCCCD STEM Institute engages science, technology, engineering, and mathematics (STEM) students from all seven DCCCD colleges. Participation in the Institute accelerates student progress and transfer to universities. Primary program components include:

**Awards:** The DCCCD STEM Institute serves students who are committed to pursuing a degree in a STEM program. Students must be in good academic standing, have a minimum 3.0 GPA, and have completed 12 credit hours. Students are eligible for merit-based awards of up to \$2,640 over the academic year based on meeting eligibility and participation criteria. Awards are available for both full-time and part-time STEM students.

**Student Participation in Capstone Experiences:** STEM Scholars attend Institute-specific events each academic year, including STEM industry and career-related seminars, and the annual spring STEM Summit. Previous summit speakers include astronaut Dr. Mary Ellen Weber, famed ocean explorer Fabien Cousteau, and internationally renowned neuroscientist Dr. Miguel Nicolelis.

**Student Mentoring with STEM Faculty Fellows:** STEM Faculty Fellows serve as mentors for STEM Scholars each academic year of the program. Each STEM Faculty Fellow mentors approximately six STEM Scholars each fall and spring semester and participates in Institute activities with them.

### BENEFITS

Full-time students selected as STEM Scholars will receive mentoring, learn about transfer opportunities, explore careers, and network with other STEM students, faculty, and industry professionals. Students may also be eligible for internship opportunities within STEM industries. Participation in the STEM Institute includes the annual STEM Summit with past speakers such as astronaut Dr. Mary Ellen Weber, famed ocean explorer Fabien Cousteau, and world renowned neuroscientist Dr. Miguel Nicolelis.

Full-time students will be eligible to receive a support award of no less than \$1,320.00 per semester, based on enrollment and completion of no less than 12 credit hours. Additional funds may be received for credit hours completed beyond 12 credit hours.

The support award will be disbursed during the fall and spring semesters of the 2013-2014 academic year. Students will receive the first half of the award each semester, based on enrolled credit hours, as of the 12th day of class. The second half of the award will be received following the completion of credit hours each semester. The award will be adjusted to reflect the actual number of hours completed. The STEM Institute support award does not affect Financial Aid status. Receipt of the support award is also based on meeting all eligibility and participation criteria.

### REQUIREMENTS

- Have a career interest in the STEM Professions and/or teaching in the STEM disciplines
- Accumulate 12 college-level credits prior to application
- Must have and maintain a cumulative a minimum 3.0 GPA or higher through the academic year
- Maintain a program of study with DCCCD in an approved STEM field (see the eligible field list on page 2)
- Complete a minimum of 12 college-level credit hours each semester (fall 2013 and spring 2014)
- Participate in a mentorship with a STEM Faculty Fellow (time commitment of approximately 1 hour per week for 8 weeks each semester)
- Agree to attend and participate in four mandatory STEM Institute events within the 2013-2014 academic year, including:
  - Scholar/Mentor Orientation - Evening of Thursday, September 5, 2013\*
  - Fall Seminar - Evening of Thursday, October 24, 2013\*
  - Spring Seminar - Evening of Thursday, February 20, 2014\*
  - STEM Summit - All-day Thursday, April 2014 (Date to be determined)

*\*Dates and times subject to change with advance notice.*



## DCCCD STEM INSTITUTE ELIGIBLE FIELDS OF STUDY

### ELIGIBLE PROGRAMS OF STUDY

- |  |   |   |
|--|---|---|
| 1. Astronomy   | 10. Engineering – Industrial, Mechanical, Structural, Architectural | 17. Interactive Simulation and Game Technology  |
| 2. Aviation Technology                                     | 11. Engineering Technology  | 18. Mathematics                                 |
| 3. Biology   | 12. Environmental Systems Technology                                | 19. Meteorology                                 |
| 4. Biotechnology   | 13. Forensic Science  | 20. Nanotechnology                              |
| 5. Chemistry   | 14. Geology   | 21. Physics                                     |
| 6. Computer Information Technology                         | 15. Geographic Information Systems Technology                       | 22. Residential Building Performance Technology |
| 7. Computer Science  | 16. Health Information Technology                                   | 23. Veterinary Technology                       |
| 8. Education – Math or Science Emphasis (all grade levels) |   |   |
| 9. Engineering – Civil, Computer, Electrical               |   |   |

### NON-ELIGIBLE PROGRAMS OF STUDY

The following fields are NOT eligible.

If you have any questions about whether your field of study is included in the DCCCD STEM Institute, please contact Anthony Denning at (214) 378-1548.

- |                                    |                                      |                              |
|------------------------------------|--------------------------------------|------------------------------|
| ▪ Diagnostic Medical Sonography    | Management                           | ▪ Nursing                    |
| ▪ Echocardiology Technology        | ▪ Invasive Cardiovascular Technology | ▪ Radiologic Sciences        |
| ▪ Emergency Medical Services (EMS) | ▪ Medical Assisting                  | ▪ Respiratory Care           |
| ▪ Paramedic Programs               | ▪ Medical Laboratory Technology      | ▪ Social Work                |
| ▪ Health Information               | ▪ Medical Staff Services             | ▪ Substance Abuse Counseling |
|                                    |                                      | ▪ Surgical Technology        |



## DCCCD STEM INSTITUTE APPLICATION PROCESS AND CHECKLIST

### APPLICATION PROCESS

1. Complete the following forms (pages 4–9 of this packet)
  - STEM Institute Application Form
  - STEM Institute Application Questionnaire
  - STEM Scholar Profile
  - STEM Scholar Commitment Agreement
  - Provide 2 Faculty Recommendation Forms (see forms on pages 8 and 9)
    - Each form should be completed and signed by a DCCCD faculty or high school instructor
    - Each form must be submitted in an envelope with the recommender's signature across the seal
    - Please contact your recommenders immediately to complete these forms as many faculty are unavailable during the summer.
2. Mail or deliver\* your completed application packet to:  
DCCCD Foundation Office  
Attn: Anthony Denning  
1601 South Lamar St.  
Dallas, Texas 75215  
*\*Emailed and faxed application packets cannot be accepted.*

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### APPLICATION CHECKLIST

Use this checklist to make sure that you submit all of the necessary application packet documents.  
**Incomplete applications will not be processed.**

- STEM Institute Application Form (Signed)
- STEM Institute Application Questionnaire
- STEM Scholar Profile
- STEM Scholar Commitment Agreement (Signed)
- 2 Faculty Recommendation Forms (Each in an envelope with the recommender's signature across the seal.)

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### HAVE QUESTIONS?

Please contact:  
Anthony Denning  
adenning@dcccd.edu  
214-378-1548

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### DEADLINE

**Applications must be received or postmarked by May 31, 2013.**  
**Decisions of the selection committee are final.**



## DCCCD STEM INSTITUTE APPLICATION FORM | FULL TIME STUDENT

### Instructions

1. Please type or use ink and print clearly. Complete all sections.
2. Turn in the completed application packet, with all applicable signatures, to the DCCCD Foundation Office. If any part of the application packet is incomplete, inaccurate, or not signed, your application will not be processed.
3. Please submit a new application each academic year.

### APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DCCCD Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Email Address\*: \_\_\_\_\_

*\*The "Primary Email Address" you provide here will be used as the main source of communications with the Dallas County Community College District Foundation. You agree to check your primary email to review any messages from the DCCCD Foundation. You also agree to notify the DCCCD Foundation immediately of any changes in your "Primary Email Address".*

### ACADEMIC INFORMATION

DCCCD College:

- Brookhaven  Cedar Valley  Eastfield  El Centro  Mountain View  North Lake  Richland  Dallas Colleges Online

Program of Study (Select number from the "Eligible Programs of Study" list on page 2): \_\_\_\_\_

College-Level Credit Hours Earned to Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Do you intend to complete a minimum of 12 college-level credit hours each semester (fall 2013 and spring 2014)?  Yes  No

Have you been a STEM Scholar before?  Yes  No If so, list semesters: \_\_\_\_\_

Do you intend to graduate from DCCCD or transfer before earning your degree?  I plan to graduate from DCCCD.  I plan to transfer before I earn an Associate Degree.

### NEPOTISM STATEMENT

State law requires applicants to identify any relation to a current DCCCD Foundation Board of Directors or DCCCD Board of Trustees member. A student related to either can only receive a student support award if exclusively based on academic merit.

Are you related to any member of the DCCCD Foundation Board or DCCCD Board of Trustees?  Yes  No

If yes, please identify the Board member and the relationship: \_\_\_\_\_

### AUTHORIZATION INFORMATION

\_\_\_\_\_  
(Initial) I release to the Dallas County Community College District (DCCCD) and the DCCCD Foundation Office the right to access all my current and ongoing personal and academic records and transcripts. If awarded a student support award, I understand that I must meet the award criteria and Standards of Academic Progress for the DCCCD and the DCCCD Foundation Office.

\_\_\_\_\_  
(Initial) I understand my name and information from my academic history may be released to the student support award selection committee(s) and the student support award donor(s). If awarded a student support award, I release to the DCCCD and the DCCCD Foundation Office, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the student support award selection committee(s) and student support award donor(s)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# DCCCD STEM INSTITUTE APPLICATION QUESTIONNAIRE

Limit each of your answers to 250 words.

1. What are your education goals as a STEM student?

2. As a STEM Scholar, what do you think would be the most valuable part of the STEM Institute?

3. What are your career goals as STEM professional?

4. Describe what influenced you to pursue an education and career in STEM.



# STEM SCHOLAR PROFILE FORM

## STEM SCHOLAR PROFILE INFORMATION (Please type or print clearly.)

The information gathered on this form is for statistical purposes only and will not affect your eligibility as a STEM Scholar.

First Name:	Last Name:
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Street Address:

City: State: Zip:

DCCCD Student ID#:	Primary Email Address:
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Primary Phone Number:	Secondary Phone Number:
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Program of Study (Select number from the "Eligible Programs of Study" list on page 2):	DCCCD College Attending: <input type="checkbox"/> Brookhaven <input type="checkbox"/> Cedar Valley <input type="checkbox"/> Eastfield <input type="checkbox"/> El Centro <input type="checkbox"/> Mountain View <input type="checkbox"/> North Lake <input type="checkbox"/> Richland <input type="checkbox"/> Dallas Colleges Online
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Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific <input type="checkbox"/> America or Alaska Native <input type="checkbox"/> Other
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Do you plan to graduate from DCCCD?  Yes  No  
If yes, when?

Do you plan to transfer from DCCCD?  Yes  No  
If yes, when? If yes, where?

Will you be employed during the 2013-2014 academic year?  Yes  No  
If yes:  Full-time (21 - 40+ hours weekly)  Part-time (1-20 hours weekly)

Are you receiving financial aid or any additional awards during the 2013-2014 academic year?  Yes  No  
If so, please list all here (examples: Pell, Muse Scholarship, etc.):

Did either of your parents attend college?  Yes  No  
If yes, did they complete a degree?  Yes  No  
If yes, what is the highest degree completed?  Associate  Bachelor  Master  Doctorate



## STEM SCHOLAR COMMITMENT AGREEMENT | FULL TIME STUDENT

Please review the requirements of the STEM Institute listed below. Then, initial next to each item as an acknowledgment of your commitment to satisfy each requirement. Failure to meet these requirements will result in a reduction or loss of the award.

- \_\_\_\_\_ I will maintain a program of study with DCCCD in an approved STEM field (see the list on page 2).
- \_\_\_\_\_ I have a 3.0 GPA or higher and I agree to maintain a cumulative 3.0 GPA or higher through the academic year.
- \_\_\_\_\_ I agree to complete a minimum of 12 college-level credit hours each semester (fall 2013 and spring 2014).
- \_\_\_\_\_ I agree to attend and participate in the STEM Institute Scholar and Mentor Orientation scheduled for the evening of Thursday, September 5, 2013. *Date subject to change with advance notice.*
- \_\_\_\_\_ I agree to attend and participate in the STEM Institute Fall Seminar scheduled for the evening of Thursday, October 24, 2013. *Date Subject to change with advance notice.*
- \_\_\_\_\_ I agree to attend and participate in the STEM Institute Spring Seminar scheduled for the evening of Thursday, February 20, 2014. *Date subject to change with advance notice.*
- \_\_\_\_\_ I agree to attend and participate in the all-day STEM Institute Summit scheduled for April 2014. *Date to be determined.*
- \_\_\_\_\_ I agree to participate in a mentorship with a STEM Faculty Fellow through the 2013-2014 academic year (time commitment of approximately 1 hour per week for 8 weeks each semester).
- \_\_\_\_\_ I understand that failure to meet these requirements will result in a reduction or loss of my award.

### PHOTO RELEASE

\_\_\_\_\_ For good and valuable consideration, I, my heirs, executors, administrators, assignees and spouse, if applicable, agree without further recourse to total and complete authorization by the Dallas County Community College District, its employees and agents to all photographs, negatives, digital images, proofs or slides, video or other visual depictions which the College District has taken of me for any purpose whatsoever without further compensation or remuneration to me and that all photographs, negatives, digital images, proofs or slides, video or other visual depictions shall completely and irrevocably remain the property of the Dallas County Community College District.

I have read the above and so evidenced by my signature below.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DCCCD STEM INSTITUTE FACULTY RECOMMENDATION FORM 1

Please contact your recommenders immediately to complete these forms as many faculty are unavailable during the summer.

Dear Faculty Member:

We would appreciate your candid evaluation of the student listed below who is applying to join the DCCCD STEM Institute. The Institute provides high-achieving science, technology, engineering and mathematics (STEM) students a comprehensive approach to pursuing a degree in a STEM discipline. To apply, students must submit two recommendation forms from DCCCD faculty or high school instructors. For more information about the Institute visit [www.foundation.dcccd.edu/DCCCD-STEM-Institute](http://www.foundation.dcccd.edu/DCCCD-STEM-Institute).

Please complete this form and return it to the student in an envelope with your signature across the seal. It must be included with the rest of their application and postmarked to the DCCCD Foundation by May 31, 2013. Your comments will be held confidential.

### PART I: APPLICANT INFORMATION – TO BE COMPLETED BY THE STUDENT.

#### APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DCCCD Student ID#: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

College:  Brookhaven  Cedar Valley  Eastfield  El Centro  Mountain View  North Lake  Richland  Dallas Colleges Online Program of Study (select number from list on page 2): \_\_\_\_\_

College-Level Credit Hours Earned to Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

### PART II: RECOMMENDATION INFORMATION – TO BE COMPLETED BY THE FACULTY MEMBER/INSTRUCTOR.

Which course(s) have you had the applicant as a student? \_\_\_\_\_

Please rank the applicant in the following areas:	Upper 10%	Upper 25%	Upper 50%	Other	Unknown
Academic Ability	<input type="checkbox"/>				
General Intelligence	<input type="checkbox"/>				
Quality of Work	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Interest in STEM	<input type="checkbox"/>				
Perseverance	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				

#### Comments

Please provide any additional comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the applicant's performance. Please submit comments on a separate sheet of paper.

#### Faculty Information

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

Title: \_\_\_\_\_ Department: \_\_\_\_\_

DCCCD College or Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DCCCD STEM INSTITUTE FACULTY RECOMMENDATION FORM 2

Please contact your recommenders immediately to complete these forms as many faculty are unavailable during the summer.

Dear Faculty Member:

We would appreciate your candid evaluation of the student listed below who is applying to join the DCCCD STEM Institute. The Institute provides high-achieving science, technology, engineering and mathematics (STEM) students a comprehensive approach to pursuing a degree in a STEM discipline. To apply, students must submit two recommendation forms from DCCCD faculty or high school instructors. For more information about the Institute visit [www.foundation.dcccd.edu/DCCCD-STEM-Institute](http://www.foundation.dcccd.edu/DCCCD-STEM-Institute).

Please complete this form and return it to the student in an envelope with your signature across the seal. It must be included with the rest of their application and postmarked to the DCCCD Foundation by May 31, 2013. Your comments will be held confidential.

### PART I: APPLICANT INFORMATION – TO BE COMPLETED BY THE STUDENT.

#### APPLICANT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DCCCD Student ID#: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

College:  Brookhaven  Cedar Valley  Eastfield  El Centro  Mountain View  North Lake  Richland  Dallas Colleges Online Program of Study (select number from list on page 2): \_\_\_\_\_

College-Level Credit Hours Earned to Date: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

### PART II: RECOMMENDATION INFORMATION – TO BE COMPLETED BY THE FACULTY MEMBER/INSTRUCTOR.

Which course(s) have you had the applicant as a student? \_\_\_\_\_

Please rank the applicant in the following areas:	Upper 10%	Upper 25%	Upper 50%	Other	Unknown
Academic Ability	<input type="checkbox"/>				
General Intelligence	<input type="checkbox"/>				
Quality of Work	<input type="checkbox"/>				
Creativity	<input type="checkbox"/>				
Interest in STEM	<input type="checkbox"/>				
Perseverance	<input type="checkbox"/>				
Maturity	<input type="checkbox"/>				

#### Comments

Please provide any additional comments on motivation, behavior, personality, strengths or weaknesses that you feel are pertinent to the applicant's performance. Please submit comments on a separate sheet of paper.

#### Faculty Information

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

Title: \_\_\_\_\_ Department: \_\_\_\_\_

DCCCD College or Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_