



## BIOTECHNOLOGY SUMMER CAMP

### *Application for Summer 2008*

The deadline for this application is **April 1, 2008**.

A complete application should include two recommendation letters from teachers using the enclosed forms (one from a science teacher and one from another teacher of your choice) sent directly to the address below. In addition, please submit a copy of your high school transcript AND your most recent report card.

Your Name \_\_\_\_\_  
last first middle

Mailing Address \_\_\_\_\_  
street  
\_\_\_\_\_  
city state zip

Gender \_\_\_\_\_ Social Security # \_\_\_\_\_  
Phone # \_\_\_\_\_ Career Goal \_\_\_\_\_  
High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Tee-shirt size \_\_\_\_\_  
E-mail address \_\_\_\_\_

Information on your letters of recommendation (to be sent directly from teacher):

Name of science teacher: \_\_\_\_\_

Name of other faculty member: \_\_\_\_\_

Send Applications by **April 1, 2008**:

*Judy Nimmo*

*Department of Biochemistry*

*Stony Brook University*

*Stony Brook, NY 11794-5215*

*Tel: 631-632-9750; Fax: 631-632-9791*



Your Name \_\_\_\_\_

last

first

middle

1. What are your future goals and plans?

2. The Biotechnology Summer Camp is a four-week program. Why does this program interest you and what are your expectations, if any?



## Science Teacher Recommendation Form

(To be completed by a science teacher who has taught you.)

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Capacity in which you know this student \_\_\_\_\_

Please compare this student to the others that you have taught:

	Top 2%	Top 10%	Top 25%	Top 50%	Less than 50%
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquisitiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

**Deadline: 04/01/08**

Please send to: Judy Nimmo, Department of Biochemistry & Cell Biology, Stony Brook University, Stony Brook, NY 11794-5215 (tel: 631-632-9750; fax: 631-632-9791)



## Teacher Recommendation Form

(To be completed by any teacher who has taught you.)

Student's Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_

Capacity in which you know this student \_\_\_\_\_

Please compare this student to the others that you have taught:

	Top 2%	Top 10%	Top 25%	Top 50%	Less than 50%
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive interaction with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inquisitiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to complete tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Student's strengths:

Student's weaknesses:

Additional comments:

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

**Deadline: 04/01/08**

Please send to: Judy Nimmo, Department of Biochemistry & Cell Biology, Stony Brook University, Stony Brook, NY 11794-5215 (tel: 631-632-9750; fax: 631-632-9791)