Science Medicine and Related Topics (SMART) Program Application Check List

Program Dates: Saturday, January 23rd – March 26th 2016 9:00a.m. – 12:30p.m.

Please read the instructions carefully and print this page for future reference. Incomplete applications will not be reviewed.

**It is the parent/guardian and applicant’s responsibility to ensure all requirements are met before the deadline.**

The application is electronic with very few items that must be printed and mailed/faxed. Written applications will NOT be accepted. The application cannot be saved and reviewed/changed at a later time. All the information requested on the application must be completed and submitted at the same time. Once the application is submitted, you cannot go back and change the information.

**Before you start, you must have:**

- Applicant’s name, address, 2 phone numbers, e-mail address and school/district information
- Guidance Counselor’s name, email address and phone number
- Past and Current Science Courses
- If Applicable, list information for other enrichment programs the student has participated in the past
- Current extracurricular activities
- Parent(s)/Guardian(s) name, address, phone number, email address, education level and occupation
- Emergency Contacts’ name, relationship, address and phone numbers
- Applicant’s name, address, and phone numbers
- Applicant’s health insurance coverage if applicable
- Applicant’s allergies/chronic medical conditions that could require emergency treatment or limit participation in SMART activities
- Applicant’s emergency/rescue medications dose and indication
- Essay: 750-1500 characters that can be copied and pasted into the application.
  - Previous Applicants: How has the program impacted you?
  - 1st Time Applicants: Why do you want to attend SMART?
- Parent(s)/Guardian(s) name, address, phone number, email address, education level and occupation
- Name, e-mail address, phone number and fax number for the teacher providing the student evaluation

**Application Check List-MUST BE COMPLETED BY THE DEADLINE**

☐ **COMPLETED APPLICATION - MUST BE SUBMITTED ONLINE ON OR BEFORE Sunday, December 6, 2015.**

Applications received after the deadline will not be considered unless there is space remaining in the program.

**Accompanying Documentation**

**ACCOMPANYING DOCUMENTATION** - must be provided by fax, email or in person or postmarked on or before 5:00 pm on Friday, December 11, 2015 **TEACHER RECOMMENDATION MUST COME DIRECTLY FROM THE SCHOOL.**

☐ **TEACHER RECOMMENDATION** - A recommendation letter from a current teacher or guidance counselor who is NOT related to the student is required. For your convenience, the form will be emailed to this individual with the email address provided on the application. It is also available on the Program website.

☐ **IMMUNIZATION RECORDS** - (ONLY IF HOME SCHOOLED) Please provide the applicant’s most recent immunization records. If you are sending a copy from your personal files, a fax/mail cover sheet is available on our website.

☐ **PARENT CONSENT FORM**

Please feel free to contact our office to confirm receipt of application as well as supporting documents. **We will not contact you if your application is incomplete!**

P. 973-972-5245