



“Good Stewards of the Environment” Science Program

North Carolina Society of Hispanic Professionals
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The “Good Stewards of the Environment” Science Program is an extracurricular program designed to peak the interest of Hispanic students in science as a career. Throughout the program students will learn the process of scientific investigation through research, experimentation and discussion of the current environmental concerns for our water and our atmosphere. The North Carolina Society for Hispanic Professionals will choose 10 students to participate in the program with no cost to the student. The monetary value of the program per student is \$1,000 but the educational value is immeasurable. The “Good Stewards of the Environment” Science Program is funded by a Science Enrichment Grant from the Burroughs Wellcome Fund.

Important Dates

Applications can be obtained by writing or calling the NCSHP or by downloading an application from our website at www.thencshp.org. Final applications must be postmarked by April 2, 2010. Award announcements will be mailed by April 16th.

Eligibility Criteria

- Applicant is of Hispanic background (one parent must be fully Hispanic or both parents must be half Hispanic).
- Applicant is a rising 7th, 8th or 9th grade student in Wake County and Johnston County.

Selection Criteria

Please submit the following items in one sealed envelope to the NCSHP by April 2, 2010.

- **2 letters of recommendation:** Please submit 2 letters of recommendation one from your science teacher and one from another teacher, principal, employer or other community leader who can discuss the applicant's:
 1. Current academic status
 2. Academic and extracurricular achievements
 3. Personal qualities such as motivation, commitment, and leadership
 4. Potential for success and contributions to your community
- **2009-2010 1st Semester Report Card**
- **Personal statement:** An essay of 200 words addressing briefly each of the following topics:
 1. Why you are interested in this program?
 2. Describe your feelings on the current health of our environment.
 3. Do you think that your generation should be concerned with the health of our environment?

The Personal statement is one of the most important selection criteria. It should be written with care.

PROGRAM DETAILS

The goal of this project is to give students a chance to learn through observation, exploration and experimentation how to be a good steward of their environment.

Tentative Schedule for 2010 program:

May 1 – First Meeting- introductions of the students/parents to the staff, this day will be used to get to know each other before the program begins

May 15 – Tour the NC Museum of Natural Science in Raleigh.

June 15-17– Water Testing of our local water systems
(Lake Jordan, Crabtree Lake and Falls Lake)

July 20-22 – Educational Programs with NC State Centennial Campus and the Town of Cary

August 5-6– Work on an Awareness Campaign

August 7 – Awareness Campaign Presentations

MAILING INSTRUCTIONS

Answer all questions neatly using black or dark blue ink or type for legibility.

Make sure your application packet is complete and includes all requested materials:

- 2009-2010 1st Semester Report Card
- Letters of Recommendation
- Personal Statement

Mail complete application in a single large envelope.

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Award notification will be sent to your mailing address by April 16th. Please report any changes, including address changes, by e-mail to mailbox@TheNCSHP.org. We wish you success!



“Good Stewards of the Environment” APPLICATION FORM

ELIGIBILITY QUESTIONS (please circle or write in appropriate response):

Full Name _____

Gender Male Female

Social Security # _____ - _____ - _____

(Optional; omitting your social security will not affect the review of your application)

Hispanic Heritage _____

Mailing Address _____

Home Phone _____ Cell Phone _____

Email _____

Grade Level in 2008-2009 school year _____

Name of Science Teacher for 2007-2008 _____

CERTIFICATION: Student must read and SIGN BELOW to be eligible for consideration.

- I certify that all the information provided is complete and accurate to the best of my knowledge.
- I certify that I am at least half Hispanic (i.e. one of my biological parents is Hispanic).
- I understand that all selection decisions and notifications are final and exceptions cannot be made.
- I understand that application materials become the property of the NCSHP and cannot be returned.
- I understand that incomplete and late application materials will result in ineligibility and exceptions cannot be made.
- I certify that I have read this application and certification and accept all conditions.

Student's signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(if student is under 18 years old)

“Good Stewards of the Environment” Science Program

Permission Form

I, _____, having legal custody of (child) _____ grant my permission for him/her to participate in the NCSHP “Good Stewards of the Environment” Science Program. I understand that some of the activities of the “Good Stewards of the Environment” Science Program may take place at different sites and that the child will at times ride in a van driven by an educator of the program. In addition, I understand that it is completely within my own power to grant permission for my child’s participation in this program and that I may deny permission or remove my child from the program at any time. I release the North Carolina Society of Hispanic Professionals (NCSHP) from any liability associated with my child’s participation in this program.

Travel Permission

I, _____ give permission to ride in a private car, in a van or in a vehicle driven by a “Good Stewards of the Environment” educator. I understand that my child will travel outside of the greater Triangle area for parts of this program. I understand that I will be notified of these trips and by signing this form, I am giving my child permission to travel to these places.

Emergency Contact

If I am not at home at the time my child returns from any activity, the child:

_____ has my permission to stay at home alone.

_____ should be taken to the following person’s home: _____

Medical Permission

Childs Full Name _____
Childs Date of Birth _____
Parent or Guardians Full Name _____
Address _____
Home Phone _____ Cell Phone _____

In the case of an emergency, I, _____ give permission for NCSHP to take my child, _____ to the hospital or elsewhere for immediate medical attention if needed.

Named of Preferred Physician _____ Phone Number _____
Address _____
Preferred Hospital _____
Insurance Policy: Company _____ Number _____

Medical Information

- | | | |
|--|-----|----|
| 1. Does your child have any medical problems? | Yes | No |
| If yes, describe _____ | | |
| 2. Does your child have any allergies? | Yes | No |
| If yes, describe _____ | | |
| 3. Is your child taking any medication? | Yes | No |
| If yes, list medication _____ | | |
| 4. Are there any activities (running, jumping, swimming) that your child should not do because of his or her health? | Yes | No |
| If yes, describe _____ | | |

Guardian Signature _____ Date _____