



## 2019-2020 FRESHMAN APPLICATION

Congratulations, your decision to apply to the Center may prove to be the single most significant event in your life-long educational and professional career. Completion of this application could set in motion a process that will culminate next fall with your arrival at the Center. There you will meet new friends, explore your talents, and interact with people from diverse cultural backgrounds, and perhaps most importantly, expand your options for the future.

### Check List-please use ballpoint pen or type on all pages

Student application complete both student portions/parent portions

Date

Student application returned to your counselor

Date

Guidance counselor form (Section V)  
signed by parent and given to the counselor

Date

Teacher forms (Section VI) signed by parent given to

Math Teacher

Date

Science Teacher

Date

English Teacher

Date

Applications are due to Berrien RESA by March 5, 2019. The applications are blinded and then screened by a committee of local school and Berrien RESA personnel under the direction of Western Michigan University. The minimum SAT score is 800 (math + critical reading score), with a minimum of 400 on the SAT math section. The top 30 candidates are invited to be Math & Science Center students, the next 10 students are placed on a waiting list. All students will be notified of their status by their school district by mid-April. Refer to your middle school guidance office regarding the notification procedure for your district.

# 2019-2020 Freshman Application Berrien County Mathematics/Science Center APPLICATION FOR ADMISSION

1. Full Legal Name

First Name  Last Name  M.I.

2. Home Address

Street  City, State  Zip

(Area Code) Telephone #  Student E-mail

Parent E-mail

3. Names of Parent(s) or Guardian(s):

First Name  Last Name  M.I.

First Name  Last Name  M.I.

Address if different from above:

Street  City, State  Zip

4. Date of Birth

5.  Male  Female

6. Is English your first language?  Yes  No

If no, please indicate how long you have spoken English    Years     Months

Enter the language spoke in your home

7. Write in the name and district of your current school in the space below:

Name:  District:

8. School type:

Public       Parochial       Private

9. Address of your current school:

Street  City, State  Zip

10. Principal's Name:

11. Counselor's Name:

12. Superintendent's Name:

13. Name of teachers completing your evaluation forms:

A. Mathematics Teacher:

B. Science Teacher:

C. English Teacher:

14. Current grade level in school:

## Section II. To be completed by student and parent/guardian

I support my child's application for admission to the Berrien County Mathematics & Science Center. I have read the information supplied with the application and I am aware of the conditions for participation. I agree to permit information in this application and other records which result from application and attendance to be made available on a confidential basis to the applicant's home school, other educational institutions, and for Center approved research purposes. We agree to permit information from the applicant's home school to be used in a confidential manner by the Center. I further understand that reports and recommendations that are collected for admission purposes do not become a part of my student's permanent academic record. Therefore, I hereby agree to waive access to my child's application information and understand that this includes the requested teacher recommendations.

Parent/Guardian:

Applicant Signature:

Date:

Date:

*EQUAL OPPORTUNITY INFORMATION: State Government policy prohibits discrimination based on race, sex, color, creed, religion, national origin, age, or disability. The sole purpose of gathering this information is to ascertain the effectiveness of recruitment efforts in reaching all segments of the population and to insure that proper facilities are available to serve all students selected for admission.*

**Section III. To be completed by parent/guardian**

15. In the space below, please provide any additional information that the Student Selection Committee should consider when evaluating your child's application to the Berrien County Mathematics & Science Center.

**Section IV. This is to be an actual sample of student composition. Please do your own work, independent from parent or teacher.**

*Please respond to the following questions. Use additional pages if necessary, do not exceed (3) three.  
(Do not write on the back of this form)*

16. Describe a time when you worked on a team or with a group of peers to accomplish a project or a goal:

17. Please tell us why you want to attend the Center:

18. If you are invited to attend the Center, you will be asked to study and work with many capable people. You will need to organize your study time to keep up with requirements at both the Center and your home school. Explain how you would prepare for a science test.

19. Please list your extracurricular activities and hobbies. Include organized and individual, in-school and out-of-school activities. (Examples: Music, Chess, newspaper, Scouting, talent search programs, 4-H, computer workshops, camps, youth fair, church, etc.) Be sure to include leadership positions you have held.

Activity:	<input type="text"/>	Year:	<input type="text"/>
Activity:	<input type="text"/>	Year:	<input type="text"/>
Activity:	<input type="text"/>	Year:	<input type="text"/>
Activity:	<input type="text"/>	Year:	<input type="text"/>
Activity:	<input type="text"/>	Year:	<input type="text"/>
Activity:	<input type="text"/>	Year:	<input type="text"/>

20. Please list any awards that you have received, both in and out of school, during the past three years. (academic, musical, athletic, etc.) by award, year, individual/team, level (local, state, national).

Award:	<input type="text"/>	Year:	<input type="text"/>	Individual/Team	<input type="text"/>	Level:	<input type="text"/>
Award:	<input type="text"/>	Year:	<input type="text"/>	Individual/Team	<input type="text"/>	Level:	<input type="text"/>
Award:	<input type="text"/>	Year:	<input type="text"/>	Individual/Team	<input type="text"/>	Level:	<input type="text"/>
Award:	<input type="text"/>	Year:	<input type="text"/>	Individual/Team	<input type="text"/>	Level:	<input type="text"/>
Award:	<input type="text"/>	Year:	<input type="text"/>	Individual/Team	<input type="text"/>	Level:	<input type="text"/>
Award:	<input type="text"/>	Year:	<input type="text"/>	Individual/Team	<input type="text"/>	Level:	<input type="text"/>

21. Optional statement: Berrien County Mathematics & Science Center attempts to identify those applicants whose previous school grades or admission test scores may under predict academic success. Among the factors we consider in making admissions decisions are whether the applicant (1) has a permanent physical disability; (2) had a health problem, which significantly affected for a period of time, an otherwise exceptional academic record; (3) is from an economically disadvantaged environment; (4) has completed an exceptionally rigorous academic program; or (5) has other exceptional circumstances. This information is considered in addition to your academic credentials. It is particularly relevant if your qualifications place you slightly below the competitive applicants.

Use the space below to describe any factors that you believe the selection committee should consider as they review your credentials. **(Do not write on the back of this form)**

**Section V. Please print this page to be completed by Guidance Office. Scan the completed form to submit digitally. Permission sign off at bottom of page.**

SAT TESTING DATE: \_\_\_\_\_ SITE: \_\_\_\_\_

*SAT scores MUST be submitted as part of application process. Please report scores as soon as they are available.*

Area	Course Title	COURSES/GRADES		Letter Grade:	
		Year in School			
Mathematics	<input type="text"/>	7th	1st Sem	<input type="text"/>	2nd Sem <input type="text"/>
	<input type="text"/>	8th	1st Sem	<input type="text"/>	
Science	<input type="text"/>	7th	1st Sem	<input type="text"/>	2nd Sem <input type="text"/>
	<input type="text"/>	8th	1st Sem	<input type="text"/>	
English	<input type="text"/>	7th	1st Sem	<input type="text"/>	2nd Sem <input type="text"/>
	<input type="text"/>	8th	1st Sem	<input type="text"/>	

**Please attach Standardized Test Scores that may be helpful for review (optional).** *Counselors: Reviewers would appreciate your comments about the suitability of this student for the advanced program at the Center. Please use an attachment for pertinent information if necessary. (Do not write on the back of this form)*

**BERRIEN COUNTY MATHEMATICS & SCIENCE CENTER GUIDANCE COUNSELOR**

**Student Application for Admission**

**Part A:** (to be completed by the parent)

Student Name:  Present Grade:

I give my permission to have the information requested released to Berrien County Mathematics and Science Center.

Signature:  Date:

**Part B:** (to be completed by the student's counselor)

The information will be used only by the selection committee to review the above candidate for admission to the Center. All information will be kept confidential. Please return all forms by **March 5, 2019** to: Berrien County Mathematics & Science Center, **Attn: Tonya Snyder** PO Box 364, 711 St. Joseph Ave., Berrien Springs, MI 49103

Name & Title:

I give my permission to have the information requested released to Berrien County Mathematics & Science Center.

School:  Date:

**Section VI. Please print this page to be completed by current Math instructor. Scan the completed form to submit digitally. Permission sign off at bottom of page.**

**MATH PERFORMANCE RATING**

Evaluate the student to indicate his/her possession of the characteristics described below. Circle your answer to each description. 5 is strongly present, 1 is weakly present, nr = no response, no basis of evaluation.

- 1. **Interpersonal Skills** - interacts well with others  5  4  3  2  1  nr
- 2. **Persistent** - stays with tasks  5  4  3  2  1  nr
- 3. **Self-Starter** - is a highly motivated, independent worker  5  4  3  2  1  nr
- 4. **Desire to Achieve** - is eager to successfully accomplish goals  5  4  3  2  1  nr
- 5. **Self Confidence** - has faith in own abilities  5  4  3  2  1  nr
- 6. **Observant** - looks for details and relationships  5  4  3  2  1  nr
- 7. **Inquisitive** - looks beyond what is readily apparent;  
questioning attitude with a need to know why.  5  4  3  2  1  nr
- 8. **Experimental** - in inventive, willing to explore unknowns  5  4  3  2  1  nr
- 9. **Innovative** - is creative  5  4  3  2  1  nr
- 10. **Analytical** - has ability to reason  5  4  3  2  1  nr
- 11. **Learning Capacity** - learns quickly, easily, thoroughly  5  4  3  2  1  nr

**TEACHER RECOMMENDATION**

Select a response: **LOW**  1  2  3  4  5  6  7  8  9  10 **HIGH**

*Counselors: Reviewers would appreciate your comments about the suitability of this student for the advanced program at the Center. Please use an attachment for pertinent information if necessary. (Do not write on the back of this form)*

**BERRIEN COUNTY MATHEMATICS & SCIENCE CENTER MATH TEACHER FORM**

**Student Application for Admission Part A: (to be completed by the parent)**

Student Name:  Present Grade:

I give my permission to have the information requested released to Berrien County Mathematics & Science Center.

Signature:  Date:

**Part B: (to be completed by the student's Math teacher)**

The information will be used only by the selection committee to review the above candidate for admission to the Center. All information will be kept confidential. Please return this form as soon as possible to your local counseling office.

Name of person completing this form:

Name & Title:

**Section VII. Please print this page to be completed by current Science instructor. Scan the completed form to submit digitally. Permission sign off at bottom of page.**

**SCIENCE PERFORMANCE RATING**

Evaluate the student to indicate his/her possession of the characteristics described below. Circle your answer to each description. 5 is strongly present, 1 is weakly present, nr = no response, no basis of evaluation.

- 1. **Interpersonal Skills** - interacts well with others  5  4  3  2  1  nr
- 2. **Persistent** - stays with tasks  5  4  3  2  1  nr
- 3. **Self-Starter** - is a highly motivated, independent worker  5  4  3  2  1  nr
- 4. **Desire to Achieve** - is eager to successfully accomplish goals  5  4  3  2  1  nr
- 5. **Self Confidence** - has faith in own abilities  5  4  3  2  1  nr
- 6. **Observant** - looks for details and relationships  5  4  3  2  1  nr
- 7. **Inquisitive** - looks beyond what is readily apparent; questioning attitude with a need to know why.  5  4  3  2  1  nr
- 8. **Experimental** - in inventive, willing to explore unknowns  5  4  3  2  1  nr
- 9. **Innovative** - is creative  5  4  3  2  1  nr
- 10. **Analytical** - has ability to reason  5  4  3  2  1  nr
- 11. **Learning Capacity** - learns quickly, easily, thoroughly

**TEACHER RECOMMENDATION**

Select a response: **LOW** 1  2  3  4  5  6  7  8  9  10 **HIGH**

*Counselors: Reviewers would appreciate your comments about the suitability of this student for the advanced program at the Center. Please use an attachment for pertinent information if necessary. (Do not write on the back of this form)*

**BERRIEN COUNTY MATHEMATICS & SCIENCE CENTER SCIENCE TEACHER FORM**

**Student Application for Admission Part A: (to be completed by the parent)**

Student Name:  Present Grade:

I give my permission to have the information requested released to Berrien County Mathematics & Science Center.

Signature:  Date:

**Part B: (to be completed by the student's Science teacher)**

The information will be used only by the selection committee to review the above candidate for admission to the Center. All information will be kept confidential. Please return this form as soon as possible to your local counseling office.

Name & Title:



**Section VIII. Please print this page to be completed by current English instructor. Scan the completed form to submit digitally. Permission sign off at bottom of page.**

**ENGLISH TEACHER RATING**

The candidate listed below is making application to attend, for a half-day, the Berrien County Mathematics & Science Center. The Center provides advanced course work in mathematics, science, and technology. Good communication skills are important for success in this program. Reviewers would appreciate your assessment of this candidate's skills.

**TEACHER ASSESMENT OF READING SKILLS**

(The ability to process and comprehend a variety of written materials)

Select a response: **LOW**   1   2   3   4   5   6   7   8   9   10   **HIGH**

**TEACHER ASSESMENT OF WRITING SKILLS**

(The ability to express ideas and concepts in written form with fluency, clarity, and appropriate organization)

Select a response: **LOW**   1   2   3   4   5   6   7   8   9   10   **HIGH**

**TEACHER ASSESMENT OF LISTENING SKILLS**

(The ability to glean important information from oral presentations)

Select a response: **LOW**   1   2   3   4   5   6   7   8   9   10   **HIGH**

**TEACHER ASSESMENT OF VERBAL SKILLS**

(The ability to speak with clarity, organization, and expression)

Select a response: **LOW**   1   2   3   4   5   6   7   8   9   10   **HIGH**

**BERRIEN COUNTY MATHEMATICS & SCIENCE  
CENTER ENGLISH TEACHER FORM**

**Student Application for Admission Part A: (to be completed by the parent)**

Student Name:  Present Grade:

I give my permission to have the information requested released to Berrien County Mathematics & Science Center.

Signature:  Date:

**Part B: (to be completed by the student's Science teacher)**

The information will be used only by the selection committee to review the above candidate for admission to the Center. All information will be kept confidential. Please return this form as soon as possible to your local counseling office.

Name of person completing this form:

Name & Title: