THIRD ANNUAL
NATIONAL SPACE BIOMEDICAL RESEARCH INSTITUTE
SUMMER RESEARCH PROGRAM
FOR
HIGH SCHOOL STUDENTS
JUNE 9, 2003 - AUGUST 1, 2003
AT
WILLIAM MARSH RICE UNIVERSITY
AND
THE UNIVERSITY OF TEXAS MEDICAL BRANCH
2003
APPLICATION PACKET
GENERAL INFORMATION

To All Teachers: Please pass this packet on to a student who would best benefit from participation in the NSBRI-funded Summer Research Program for High School Students. You may photocopy the packet for more than one student. Deserving students, judged by the selection committee, will be accepted into the program.

To All Students: You are encouraged to use the materials in this packet to apply for the NSBRI-funded Summer Research Program if you are a current or graduating high school student whose sixteenth birthday occurs on or before June 9, 2003, and have a minimum cumulative 2.5 GPA. Completion of Biology I is required for all applicants, and Chemistry I is preferred.

All students selected for the NSBRI program will receive a biweekly stipend of $6.48/hr (approximately $518.00 biweekly based on a 40 hour work week). Federal income tax and social security taxes will be deducted.

All students selected for the NSBRI-funded Summer Research Program will be placed in research laboratories at Rice University and UTMB.

Supplemental Information Survey: In order to obtain demographic information for reporting to NSBRI, this survey is included in the application packet. This form must be completed and returned by all applicants with your completed application packet.

To Students Who Live Outside UTMB's/Rice University Commuting Area: If you are selected for the NSBRI program to work at UTMB, you may either find your own accommodation in or near Galveston, or you may stay in housing provided by UTMB (limited opportunity available). There is no meal plan but cafeterias and restaurants are available. The housing rate is about $660 for the eight-week program. On site counselors are available. If you are selected for the NSBRI program to work at Rice University you will be responsible for your own housing, which is not provided by Rice University.
NATIONAL SPACE BIOMEDICAL RESEARCH INSTITUTE
SUMMER RESEARCH PROGRAM
FOR
HIGH SCHOOL STUDENTS

APPLICATION DIRECTIONS

1. Completed forms must be submitted no later than 5:00 p.m. March 14, 2003. Additional applications may be downloaded from the NSBRI-UTMB-RICE website at: http://nsbri-utmb.rice.edu.

2. Mail completed forms to: Dr. Vimlarani Chopra, Director
   National Space Biomedical Research Institute Program
   Office of Educational Outreach
   The University of Texas Medical Branch
   1700 Strand (Old Customs House Building),
   Room 223A, Route-0919
   Galveston, TX 77555-0919
   Or, bring completed forms to UTMB, Room 223A, 1700 Strand (corner of 17th Street and Strand).
   
3. If a specific question on the “Student Application Form” does not apply, write "N.A." in that space. Applications with blank spaces will not be considered.

4. The "Information Release Statement" should be given to the Registrar at your high school. The Registrar should forward the requested information directly to this office.

5. The “Science Teacher Consent Form”, “Parental Consent and Liability Release Form”, “Media Release Consent Form”, “Supplemental Information Questionnaire” and “Applicant’s Check List” should all be returned with the “Student Application Form”. The “Science/Math Teacher Recommendation” should also be returned with the student application. Instructions to teachers on how to seal their recommendations to ensure confidentiality are provided.

6. Please follow up on all required application credentials. Only applications with all materials provided by the deadline will be considered.

7. Applicants will be notified regarding the status of their application to the program by April 15, 2003.

8. Direct questions or comments to: Dr. Vimlarani Chopra, Director
   National Space Biomedical Research Institute Program
   Tel: (409) 747-0266 or 409 772-7973
   Fax: (409) 747-0470 or 409 772-7980
   vchopra@utmb.edu
### PERSONAL

1. ________________________________  
   Last Name  First  MI  Social Security Number  

2. ________________________________  

3. ________________________________  
   Address  City  State  Zip  

4. ________________________________  
   (area code) Home Phone Number  Beeper/Pager Number  

5. ________________________________  
   High School  Location/Address  

6. ________________________________  
   Grade  Class Size  

7. ________________________________  
   Place of Birth  Date of Birth  

8. ________________________________  
   Name of Emergency Contact  Phone  Relationship  

9. ________________________________  
   Mother's Name  Mother's Occupation  

   Mother's Educational Level  Mother's Work Phone  

9. ________________________________  
   Father's Name  Father's Occupation  

   Father's Educational Level  Father's Work Phone  

10. What are the ages of your brothers and/or sisters?
   How many of them are in college?
   Which college(s) do they attend?
   What is(are) the occupation(s) of working siblings?

11. Have you participated in this or a similar research program before? If so when, where, and with whom did you work?

12. Participants in this program are expected to be present for its entire duration. What conflicting commitments do you have for this program? State times and dates?

13. Could you commute to this program? YES_____ NO_____

EDUCATION AND COMMUNITY HONORS & AWARDS
(If you require additional space, please attach a typed list)

14. Please list information about all academic honors:

15. Please provide answers to the following questions referring to the areas of Science and Mathematics:
   a) List awards received:
   b) List participation in special programs:
c) List science fair projects and awards:

d) List club memberships (include any officer/leadership positions):

e) List other projects/competitions:

16. Please provide answers to the following questions referring to extracurricular involvement:

a) List school activities and organizations:

b) List civic, volunteer, church activities:

c) List awards/honors:

d) List hobbies/interests:

e) Extracurricular Activities:

EMPLOYMENT HISTORY

17. List any paid employment you have performed. For each job, give a brief description, the period of employment, and your reason for leaving if the employment period is over. (Attach extra pages if necessary).
18. Please enter your VISA status

US Citizen: Permanent Resident:

Other: (specify)

ESSAY

Type or print neatly ON A SEPARATE SHEET, a short essay (400 words maximum) explaining what attracts you to the NSBRI Summer Research Program and what you hope to gain from the experience. Explain how your interest in science arose and indicate any areas of space science that particularly interest you. Let us know if anyone in your family or amongst your acquaintances has had a career in science. If you plan to attend college, tell us what you plan to study and what your career goals are. If there are any particular aspects of your life (for example: your experiences, your personality, or your family circumstances) that you would like us to know about in evaluating your application, please include them in your essay.
NOTE TO APPLICANT: Deliver this page directly to the Registrar’s office at your school.

I, ________________________, give permission to the Registrar at
(Student’s Name)

__________________________________________ in

High School Name Address

City State Zip

to release the following academic information from my records and mail to:

Dr. Vimlarani Chopra, Director
National Space Biomedical Research Institute Program
Office of Educational Outreach
The University of Texas Medical Branch
1700 Strand (Old Customs House Building),
Room 223A, Route-0919
Galveston, TX 77555-0919
409-747-0266 (office) 409-747-0470(fax)

PLEASE NOTE: APPLICANTS CANNOT BE CONSIDERED IF THIS INFORMATION IS NOT RECEIVED BY THE MARCH 14, 2003 APPLICATION DEADLINE DATE.

Information to be released:

1. Copy of official transcripts
2. Grade averages (overall and current classes)
3. Class rank
4. Percentile rank
5. Standardized test scores
NOTE TO APPLICANT: Complete this page and the Teacher Recommendation Form (next two pages) to a Science or Math Teacher who has taught you in at least one class.

(PLEASE PRINT OR TYPE).

Name of Applicant ________________________________________________________

Last    First     MI

School Attending ____________________________ Grade____________

NOTES TO TEACHER:

1. Instructions on returning the recommendation form.
   The student whose name appears above is applying for a position in the NSBRI funded Summer Research Program, and is seeking a recommendation from you. The completed recommendation form should be mailed together with the student’s application materials. In order to ensure confidentiality, please place your recommendation in a letter labeled “Teacher’s Recommendation” and then secure the envelope in the following way. Seal the envelope using its usual adhesive strip. Then, sign your name across the junction where the point of the envelope flap seals to the main body of the envelope. Finally, place a strip of clear adhesive tape (scotch tape) over your signature. Give the sealed envelope to the student to include in his application package. NOTE: If you wish additional security, you may arrange to be the person who last handles the student’s application package before it is put in the mail. That is, you may ask the student to give you her/his entire, completed application package, ready for mailing, and then add your sealed letter, and put the package in the mail yourself.

2. Your candid estimates of the academic performance, intellectual promise and personal qualities of this student are important to the selection committee for the NSBRI program. Because of federal legislation giving students access to educational records, we cannot guarantee the confidentiality of your statement unless the student has signed the waiver printed below.

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENTS: I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

_________________________________________ ____________________________
Signature of Applicant       Date
1. How long have you known this applicant? ___ year(s) ___ month(s)

2. In what subject(s) have you taught him/her?

3. ASSESSMENT OF APPLICANT'S PERFORMANCE AND POTENTIAL: Please rate the applicant in comparison with other students whom you have known at about the same stage of their academic careers.

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<th>Outstanding (Top 5%)</th>
<th>Excellent (Top 10%)</th>
<th>Very Good (Top 25%)</th>
<th>Satisfactory (Top 50%)</th>
<th>Average (Lower 50%)</th>
<th>No Basis for Judgment</th>
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4. Applicant's overall suitability for summer research program. Please indicate the strength of your overall endorsement of this applicant by placing a single checkmark in one of the boxes:
5. Elaborate on the strengths and limitations of the applicant as they relate to his/her suitability for the summer research program. What differentiates this student from other outstanding students you have encountered? Do you expect this program to benefit the applicant significantly? (Use the back of this page if necessary.)

6. Describe any unusual hardships relating to physical, economic, educational, or family circumstances that have affected this student.

____________________________________  ____________________________________
Signature of Teacher                  Date

____________________________________  _____________________________________
Printed Name of Teacher              Work Phone    Home Phone

____________________________________
Email Address

____________________________________
High School    Street Address    City    State    Zip
NOTE TO APPLICANT: Sophomores and juniors should ask a science teacher with whom they will be taking a science course next year (2003-2004) to sign and date this form and then return the form with the "Student Application Form".

________________________ will be taking the following science course with me during the next academic year: ____________________________________________.

Name of Science Course

I, ________________________________, give my permission to him/her to give a short report (15-30 minutes) in that class on the research project in which he/she will be working this summer at Rice University and The University of Texas Medical Branch at Galveston.

________________________
Signature of Science Teacher

________________________
Date

________________________
High School

________________________
Phone

________________________
Street Address

_________        _______        _______        _______
City             State         Zip
I, ________________________, the parent/guardian of _________________________________, wish for my child to participate in the NSBRI funded Summer Research Program for High School Students administered by Rice University in Houston, Texas and The University of Texas Medical Branch at Galveston, Texas (UTMB).

The dates of the Program are currently scheduled from June 9, 2003 through August 1, 2003. I understand it is my responsibility to confirm the final schedule in advance with the Program’s organizers. During my child’s participation in the Program, my child will participate in the laboratory work related to space biology and lectures on the Rice University and UTMB campus, NASA, and Johnson Space Center. I understand that Rice University and UTMB will provide bus transportation to and from both campuses.

I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my child’s participation in the Program, including, but not limited to, property damage and loss, bodily injuries, sickness, disease and death. My child is in sufficient physical and mental health to participate in the Program and does not have any physical or mental conditions which could affect my child’s ability to participate in the Program. I have medical insurance coverage appropriate for my child’s participation in the Program and have provided evidence of such insurance coverage and emergency contact information to Rice University and UTMB. Rice University and UTMB shall not provide any insurance for my child in connection with his/her participation in the Program.

I understand that if my child requires medical treatment while participating in the Program, an attempt will be made to notify me. In the event that I cannot be reached, I consent to such treatment for the child as may be deemed necessary under the circumstances, including, but not limited to, x-ray examination, surgery and anesthesia. If my child’s participation in the Program is at any time deemed detrimental to the Program or its other participants, as determined by the Program’s organizers in their sole discretion, I understand that he/she may be expelled from the Program without Rice University, UTMB or the organizers incurring any liability.

In return for my child’s participation in the Program, I fully and forever RELEASE, WAIVE, AND DISCHARGE, and COVENANT NOT TO SUE, Rice University or UTMB (including, but not limited to, its trustees, employees and representatives), from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses (including, but not limited to, court costs and attorneys’ fees), from any cause whatsoever (including, but not limited to, travel delays, property damage and loss, bodily injuries, sickness, disease and death), directly or indirectly arising in connection with my child’s participation in the Program, whether or not foreseeable or contributed to by the negligent acts or omissions of Rice University, UTMB, or others.

This agreement may not be changed, and it may not be assigned or transferred. The laws of the State of Texas shall govern this agreement. In the event any provision of this agreement is held unenforceable, this will not affect any other provision and this agreement shall be construed as if the unenforceable provision had not been incorporated in this document.

Signature of Parent/Legal Guardian: ______________________ Date: ________________

Printed Name of Parents or Guardian: ____________________________

Parent’s Address: ___________________________________________

Home Telephone: ______________________ Work Telephone: ______________________

Medical Insurance Carrier: ___________________________________
NOTE TO APPLICANT: Ask your parent or guardian to sign and date this form and then return the form with the "Student Application Form".

As the Parent/Guardian of ________________________, I certify that the child has my permission to participate in the NSBRI funded Summer Research Program for High School Students administered by the Rice University in Houston, Texas and The University of Texas Medical Branch at Galveston. Rice University and the University of Texas Medical Branch at Galveston has my permission to use photographs of my child taken during the program in official university program reports and/or program advertisements.

______________________________  ______________________________
Signature of Parent/Guardian     Date

______________________________  ______________________________
Home Telephone No.     Beeper/Cell No.

______________________________  ______________________________
Work Telephone No.     Email address
SUPPLEMENTAL INFORMATION QUESTIONNAIRE

Please note: Data on ethnic classification is for record keeping purposes only, and is not used during the admissions process. This attachment is not part of the formal application. However, this form must be returned with the general application.

Name (First)_______________________ (Last) _____________________ Age ________
Birthdate __________________________ Soc. Sec. _________- _______- ____________
Grade _______________ Gender (male) ______ (female) _______
Mother’s Educational Background: Father’s Educational Background: 
Grade 9-12 _____________ Grade 9-12 _____________
H. S. Diploma _____________ H. S. Diploma _____________
1-2 yrs. College _____________ 1-2 yrs. College _____________
3+ yrs. College _____________ 3+ yrs. College _____________
College Graduate ________ College Graduate ________

Check any of the following that apply to you

_____ Physical Disability (a disabled person is an individual with a physical impairment which substantially limits one or more major life activities)

_____ Limited Educational Opportunities (students in this category have experienced limited educational opportunities because of the school size, rural or urban location, and/or school funding)

_____ Economic Hardship. If you feel you have an economic hardship, please give an explanation below or on the back of this form.

Race/Ethnic Classification (check one)

_____Asian or Pacific Islander _____Native American

_____Black (Non-Hispanic) _____White (Non-Hispanic)

_____Hispanic _____Other __________________________ (Specify)

Student Signature:_________________________ Date:____________
APPLICANT'S CHECKLIST

Students, please read the “Application Directions” and “General Information” pages before you fill out the application pages. Check off the forms below once they have been completed and/or distributed to indicate that you have satisfied all the application requirements.

Information release statement  _____ Form to be given to high school registrar. (Deadline Date 3/7/2003)
Science teacher's consent form  _____ Form to be returned by applicant. (Deadline Date: 3/14/2003)
Student application form  _____ Form to be returned by applicant. (Deadline Date 3/14/2003)
Media Release Consent form  _____ Form to be returned by applicant. (Deadline Date: 3/14/2003)
Parental Consent and Liability Release form  _____ Form to be returned by applicant. (Deadline Date: 3/14/2003)
Science or Math teacher's Recommendation  _____ Form to be returned by applicant. (Deadline Date: 3/14/2003)
Supplemental Information Questionnaire  _____ Form to be returned by applicant. (Deadline Date 3/14/2003)
Application Check list  _____ Form to be returned by applicant. (Deadline Date 3/14/2003)
Summer Research Opportunity for Students to Explore Biomedical Sciences

Rice University in Houston & The University of Texas Medical Branch in Galveston are looking for highly motivated high school students to conduct a research project and interact with leading scientists in an 8-week program funded by The National Space Biomedical Research Institute.

Research Period: June 9–August 1, 2003  
Stipend: Approximately $2,000.00  
Deadline for Applications: March 14, 2003

Eligibility: The program is open to high school students from HISD and school districts within Galveston County who will be at least 16 years old by June 9, 2003, have a G.P.A. of at least 2.5 on a scale of 4.0, have completed Biology I (required) and Chemistry I (preferred).

To request an application call: 409.747.0266 / 713.348.4781/vchopra@utmb.edu or download an application from the website: http://nsbri-utmb.rice.edu