



# 2011 High School Research Program

Application and Participant Information Form

July 10 – 29, 2011

Your answers will be treated in strict confidence and will allow us to assess the needs of high school research students.

*Please print or type all items*

**Applications are due April 22, 2011**

**Please note: Applications cannot be processed without a student's social security number.**

## Required Information:

SS#: \_\_\_\_\_ School Name: \_\_\_\_\_ Current Grade: 8 9 10 11

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gender: F M

**Ethnic Information:** American Indian/Alaskan Native Asian/Pacific Islander Other  
Black/African American Hispanic/Latino  
Caucasian/White Puerto Rican

Street Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Phone (Work) : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

T-shirt Size (adult size): S M L XL XXL (circle one)

All applications must include the following:

1. Letter of intent to participate
2. Letter of support from your math or science teacher
3. Parent/legal guardian signature
4. Three chosen topics of interest from the enclosed list of projects (be sure to note and meet any prerequisite knowledge expected)
5. A one page write up about your professional area of interest
6. A copy of the official transcript from your school

Did you participate in the High School Research Program last year? Yes No

Accommodation plans for HSRP participation: On-Campus Day Commuter

(over)

1. What is your primary career interest at this time? (Choose Up to 3 Interests - In Order of Priority)

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Engineering                  | <input type="checkbox"/> Medicine    | <input type="checkbox"/> Other Health Related Field |
| <input type="checkbox"/> Computer/Information Science | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Other Math Related Field   |
| <input type="checkbox"/> Science                      | <input type="checkbox"/> Business    | <input type="checkbox"/> Non-Math Related Field     |
| <input type="checkbox"/> Don't Know/Undecided         |                                      |   |

2. Test Score Data (if available)

	ACT	SAT
English/Verbal	_____	_____
Mathematics	_____	_____
Reading	_____	_____
Science	_____	_____
Composite/Combined	_____	_____

3. List, in order of preference, the four (4) projects that you would prefer to work on:

**Mail completed application and required attachments postmarked no later than April 22 to:**

High School Research Program  
 UALR  
 College of Engineering and Information Technology  
 2801 S. University Avenue  
 EIT Room 114  
 Little Rock, AR 72204

I give my permission for the High School Research Program (conducted by UALR's Donaghey College of Engineering and Information Technology) team to obtain information about my academic performance from high schools, colleges, and testing agencies. I give permission for the HSRP faculty/staff to give my name and address to college and employer representatives, and to use my photograph in High School Research Program's press releases. Also, I understand that completing this program will **NOT** earn me any kind of academic credit here at UALR or at the school I now attend. This High School Research Program only serves as an enriching research experience for high school students in this college. I will, also, obey all the rules for academic integrity at UALR. In case I choose to be a resident, I agree to follow all the rules and regulations of UALR's university housing.

Student Signature	Date	Parent/Legal Guardian Signature	Date
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