



APPLICATION

Please keep this page for your records.

What is College First?

College First is a high-school internship program at the Chicago Botanic Garden. It is a paid internship for six weeks during the summer and monthly meetings during the school year. A school bus provides transportation from designated stops starting as early as 7 a.m. to bring students to the Garden by 9 a.m. Monday through Friday. Students leave the Garden at 3 p.m. each day.

What do students do?

- Learn about plants, prairies, woods, and other outdoor natural areas
- Work in horticulture, education, plant research, and more
- Research their own science project
- Visit colleges and other science sites

When is the program?

Paid internship: July 1 – August 9, Monday – Friday, 9 a.m. to 3 p.m. (No session on July 4 or 5)

Unpaid training: Wednesday, June 26, 9 a.m. to 3 p.m.

School-year meetings: Once-a-month meetings (usually on Saturdays or school holidays) during the school year—schedule to be determined

Who can participate?

Students who are currently sophomores or juniors enrolled in a Chicago Public School are encouraged to apply. Students should demonstrate an interest in science and nature as well as the ambition to pursue a college degree. Students and parents **MUST** commit to the unpaid Wednesday training, all six weeks of the summer program, and the once-a-month school-year meetings. Students must also be able to show proof of authorization to work in the U.S. Students are responsible for getting to and from the designated bus stops.

College First Application Checklist

To be considered for the program, **the following items must be received by April 12, 2013.**

What do you need to submit to apply?

- _____ A completed application form, including all information, the recommendation form, and permission slip, signed by you and your parent/guardian. The recommendation form should be filled out by a science teacher or community leader (pastor, youth group leader, etc.) who knows you well. It cannot be filled out by someone related to you.
- _____ A copy of your second-quarter report card (January) OR the most recent one you have. Please do not send progress reports. (Do not hold back on submitting your application because you are waiting for a report card. Just send the most recent one you have to ensure the application is received by the deadline.)

ALL application materials must be received together by April 12, 2013, at the following address. It is your responsibility to obtain the report card and all application components prior to sending in the application, as we do not work with schools to get this information and will not accept it separately or after the deadline. Incomplete applications—those not accompanied by a report card or completed recommendation form—will not be considered.

Mailing Address:

Shelly Bender
Manager, Secondary Education and Career Programs
Chicago Botanic Garden
1000 Lake Cook Road
Glencoe, IL 60022

Contact Information:

Shelly Bender
Manager, Secondary Education and Career Programs
(847) 835-6871
sbender@chicagobotanic.org

Kathy Johnson
Manager, Teacher and Student Programs
(847) 835-8343
kjohnson@chicagobotanic.org

Visit www.chicagobotanic.org/collegefirst for more information.



Application Form

Name			
Home address (must include zip code)			
School name and address (must include zip code)			
Home phone	Parent cellphone	Student cellphone	
Parent/Guardian name	Occupation	Daytime phone	Do you live with this parent? (Y/N)
Parent/Guardian name	Occupation	Daytime phone	Do you live with this parent? (Y/N)
Parent e-mail address	Student e-mail address		
Birth date	Grade completing in June 2013	GPA	Number of Absences
Gender (M or F)	Language(s) spoken at home		

Ethnicity

- American Indian or Alaskan Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- White
- Multiracial/Please specify: _____
- Other/Please specify: _____

Bus stop addresses* Please check one preferred stop.

- West Pullman School 11941 S. Parnell
- Vanderpoel Academy 9510 S. Prospect
- Altgeld School 1340 West 71st Street
- Hyde Park Academy 6220 S. Stoney Island Ave
- Mollison School 4415 S. King Dr.
- Padrewski School 2221 S. Lawndale
- Chalmers School 2745 W. Roosevelt Rd.
- Darwin School 3116 W. Belden
- Amundsen High School 5110 N. Damen
- Senn Academy 5900 N. Glenwood

Do you (or could you if you applied) qualify for a free or reduced lunch at school? Yes No

What is the highest level of education achieved by your parents or guardians (e.g., grammar school, high school, associate's, bachelor's, master's, etc.)? Please list in as much detail as possible for each parent/guardian.

*Stops are subject to change depending on the student population.

T-shirt size: Small Medium Large X-Large XXL

Have you participated in Science First before? Yes No If yes, please list all years: _____

Have you participated in College First before? Yes No If yes, please list all years: _____

Because College First is a paid internship, you will be asked to complete a W-9 form. You will need to provide either a valid social security number of an Individual Taxpayer Identification Number (ITIN). Your income will be reported to the IRS and your SSN/ITIN will be verified. You cannot receive the stipend if you do not have valid proof of your right to work in the U.S.

Are you a U.S. citizen or legally authorized to work in the U.S.? Yes No

Do you have a nine-digit ITIN or valid Social Security Number? Yes No

Illnesses/Allergies (food, other): _____

Special Needs/Considerations: _____

(Please continue on separate sheet if necessary for any of the above.)

For new College First applicants only:

8. Please read about our program and its components on our website (www.chicagobotanic.org/collegefirst). Then, write a short essay explaining what most interests you about this program and why you should be chosen over the other students who apply. Please print or type. You may use additional space if you need to (no more than two pages, please).

College First Recommendation Form

Dear Recommender:

Thank you for taking the time to help us assess applicants for the College First program. A few brief thoughts from you will be of great assistance to us. In order to receive full benefit from the College First program, participants must be present, attentive, and able to work with other students and teachers. Please give your most honest assessment of the student. **Please answer the questions below, place this sheet in a sealed envelope, and give it to the applicant to include with her/his application.** If you need more space, you may attach another sheet. If you have any questions, please feel free to contact me.

Sincerely,

Shelly Bender, Manager of Secondary Education
 (847) 835-6871
 sbender@chicagobotanic.org

 Student name

 Recommender name

 Affiliation (School/Group)

 Daytime phone

 How do you know the student?

Responsibility/timeliness

1	2	3	4	5
Less responsible/timely than other students I have known				Superior to almost all other students I have known

Respect for others

1	2	3	4	5
Has substantial problems interacting with other students and teachers				Superior to almost all other students I have known

Ability to work in a team

1	2	3	4	5
Has difficulty working with other students				Is an excellent "team player"

Our summer programs include children from very diverse backgrounds. How does this student handle meeting new people and dealing with challenges?

How do you think this applicant will benefit from participating in the Chicago Botanic Garden's College First program?

Program Permission Waiver

Student Agreement

I understand that I am applying for the College First program at the Chicago Botanic Garden. If I am chosen to participate in this program, and accept, I agree to attend all seven weeks of the program, monthly school-year meetings, and participate in all program activities. I understand that if I miss more than two days of the program, I may be dropped

Student name

Signature

Date

Parent/Guardian Agreement

I give my child/ward permission to apply for, and if chosen, to participate in the Chicago Botanic Garden's College First Program. I understand that this program involves riding a school bus to the Garden that will pick up and drop off students at select meeting points in Chicago that the student/parent are responsible for getting to and from. I understand that my student will be participating in outdoor and physically rigorous activities that may, at times, be near or on water. I understand that my child/ward is expected to attend each day of the eight-week program and each of the monthly school-year meetings.

_____ Please initial that you agree.

I attest that my child/ward is in good physical and mental health and is able to fully participate in the activities of College First. In case of accident or illness, I hereby give permission that my child/ward may be given emergency treatment, and, further, I authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia, and/or blood transfusions to the above-listed child that may be deemed necessary for medical treatment and ordered by the medical care provider in attendance at the facility.

_____ Please initial that you agree.

College First often takes photographs and videos of its members. These pictures are sometimes shared with the Chicago Public Schools. Occasionally, the Chicago Botanic Garden may use photographs for promotional purposes in Chicago Botanic Garden publications, the Garden's website, or other social media networking sites. Also, College First is occasionally covered by members of the media, including newspapers, radio, and television stations. I hereby authorize the Chicago Botanic Garden to use or distribute the name and positive photograph/video tape, recording, or any other visual/audio medium of my child/ward and any reproductions thereof in such a manner, for such a purpose, and in such publications as it or its assigns may from time to time determine, and I hereby release and discharge said company and its assigns from any and all liability in connection with such publication and use.

_____ Please initial that you agree.

As a parent or guardian of the above-named student, I consent to the above release, signature thereto and to the uses therein set forth.

Parent name

Parent signature

Date