

APPLICATION

Please keep this page for your records.

What is Science First?

Science First is a summer science enrichment program that strives to increase students' knowledge and appreciation of the environment and how scientists study the environment. Students participate in one of two four-week sessions that take place at the Chicago Botanic Garden Monday through Friday, July 15 – August 9. 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. Students are provided with all materials they need to participate, as well as a free snack and lunch. Students leave the Garden at 3 p.m. each day.

What do students do?

- Learn about plants and talk to scientists who study plants
- Explore our display gardens like the Rose Garden or Fruit & Vegetable Garden
- Learn about the Garden's natural areas including our prairie, woods, and river
- Learn how to conduct scientific research and prepare a presentation
- Spend a lot of time outside, seeing and doing science
- Meet other science-curious students from throughout Chicago

Who can participate?

Students who are currently in grades 7 through 9 and are enrolled in a Chicago Public School are encouraged to apply. Students and parents **MUST** commit to all four weeks of the program and agree to provide their own transportation to and from the designated bus stops listed below.

Science First Application Checklist

To be considered for the program, **the following items must be received by April 26, 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 26, 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/sciencefirst 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	
Mother/Guardian name	Occupation	Daytime phone	Do you live with this parent? (Y/N)
Father/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		
Gender (M or F)	Language(s) spoken by parent		

Ethnicity

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

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.

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

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

Illnesses/Allergies (food, other): _____

Special Needs/Considerations: _____

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

Both sessions of Science First will take place July 15 – August 9, Monday – Friday, 9 a.m. – 3 p.m.

Students will be grouped into two separate classes. New students in grades 7 and 8 will be in one class and returning students in grades 8 and 9 will be in another class.



Parent name _____

Parent signature _____

Date _____

**Please mark the bus stop* that you will be using to come to the Garden every day with an "x."
(You must use the same bus stop every day.) A bus schedule will be provided at a later date.**

Bus Stop	Address
_____ 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.
_____ Paderewski 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

* Stops are subject to change based on student population.

Does your child/ward have an allergy to nuts or food items processed in a factory that makes products containing nuts? Yes/No

Any other food allergies? _____



Science First Recommendation Form

Dear Recommender:

Thank you for taking the time to help us assess applicants for the Science First program. A few brief thoughts from you will be of great assistance to us. In order to receive full benefit from the Science 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 Science First Program?



Program Permission Waiver

Student Agreement

I understand that I am applying for the Science First program at the Chicago Botanic Garden. If I am chosen to participate in this program, and accept, I agree to attend all four weeks of the program, 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 Science 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. Parents are responsible for getting students to and from the bus stops daily. I understand that my student will be participating in outdoor and physically rigorous activities, which may, at times, be near or on water. I understand that my child/ward is expected to attend **every day** of the four-week program.

_____ Please initial that you agree.

I attest that my child/ward is in good physical and mental health and able to fully participate in the activities of Science 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.

Science 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, Science First is occasionally covered by members of the media, including newspapers and 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.
