



B e r r i e n C o u n t y
M a t h e m a t i c s & S c i e n c e C e n t e r
2017-18

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
student portions/parent portions

- Student application returned to your counselor _____
Date

- Guidance counselor form (Section V) signed by parent
given to the counselor _____
Date

- Teacher forms (Section VI) signed by parent given to
Math Teacher _____
Date
Science Teacher _____
Date
English Teacher _____
Date

**PLEASE TYPE or
PRINT IN
DARK INK**

**2017-18
Freshman Application
Berrien County Mathematics/Science Center
APPLICATION FOR ADMISSION**

ID# _____
For office use only

1. Full Legal Name _____
Last First Middle

2. Home Address _____
Street

City, State Zip

(Area Code) Telephone Number Email

3. Names of Parent(s) or Guardian(s): _____
Last First M.I.

Last First M.I.

Address if different from above:

Street

City State Zip

4. Enter your Social Security Number

5. Enter your date of birth
month day year

6. Please enter your ethnic code:

(Ethnic information is requested so that this institution may demonstrate its compliance with federal requirements. Failure to respond will not affect this application.)

1 American Indian or Alaskan Native-Ancestral origin in North American and maintaining cultural identification through tribal affiliation or community recognition

2 Black (non-Hispanic) – Ancestral origin in any of the black racial groups of Africa

3 Asian or Pacific Islander – Ancestral origin in Far East, Southeast Asia, Indian subcontinent, or the Pacific Islands (including China, Japan, Korea the Phillipine Islands, and Samoa)

4 Hispanic-Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish ancestral origin regardless of race

5 White (non-Hispanic) – Ancestral origin in Europe, north Africa, or the Middle East

7. Enter **M** for male, **F** for female

8. Is English your first language? YES NO

If no, please indicate how long you have spoken English _____ years or _____ months.

Enter language spoken in your home: _____

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

Name of School District

10. School type: _____ public _____ parochial _____ private

11. ADDRESS OF YOUR CURRENT SCHOOL:

Street City Zip

12. Principal's Name: _____

13. Counselor's Name: _____

14. Superintendent's Name: _____

15. Name of teachers completing your evaluation forms:

a. Mathematics Teacher: _____

b. Science Teacher: _____

c. English Teacher: _____

16. Current grade level in school: _____

17. Have you registered for the SAT? ___ Yes ___ No. If yes, name site _____ and date _____

SECTION II. To be completed by student and parent/guardian

I support my child's application for admission to the Berrien County Mathematics and 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 Signature Date

Applicant Signature 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.

18. 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 and 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, not to exceed (3) three.
(Do not write on the back of this form)*

19. Describe a time when you worked on a team or with a group of peers to accomplish a project or goal.
20. Please tell us why you want to attend the Center.
21. 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.

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

Activity	Year of participation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

23. Please list any awards that you have received, both in and out of school, during the past three years. (Academic, Musical, Athletic, etc.)

Awards	Year	Individual or team	Level (local, state, national)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

24. Optional statement

Berrien County Mathematics and 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. This page to be completed by Guidance Office. Permission sign off at bottom of page.

SAT TESTING DATE: _____ SITE: _____

SAT scores MUST accompany all applications. Please attach before submitting.

COURSES/GRADES

Area	Course Title	Year in School	Letter Grade 1 st sem/2 nd sem
Mathematics	_____	7 th grade	/
	_____	8 th grade	/-----
Science	_____	7 th grade	/
	_____	8 th grade	/-----
English	_____	7 th grade	/
	_____	8 th grade	/-----

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 AND 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 the Berrien County Mathematics and Science Center.

Signature Date

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

This 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 1, 2015** to: Berrien County Mathematics & Science Center, **Attn: Tonya Snyder**
PO Box 364, 711 St. Joseph Avenue, Berrien Springs, MI 49103

Name and title of person completing this form: _____

School: _____ Date: _____

SECTION VI. To be completed by current Math Instructor. 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 response 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 – is 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

Circle Response

LOW **HIGH**
1 2 3 4 5 6 7 8 9 10

Counselor:

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 AND 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 the Berrien County Mathematics and Science Center.

Signature

Date

PART B: (to be completed by the student's Math teacher) This 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: _____

SECTION VI. To be completed by current Science Instructor. 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 response 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 – is 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

Circle Response	LOW										HIGH
	1	2	3	4	5	6	7	8	9	10	

Counselor:

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 AND 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 the Berrien County Mathematics and Science Center.

Signature Date

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

This 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: _____

SECTION VI. To be completed by current English Instructor. 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 and 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.)

Circle Response	LOW										HIGH
	1	2	3	4	5	6	7	8	9	10	

TEACHER ASSESMENT OF WRITING SKILLS

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

Circle Response	LOW										HIGH
	1	2	3	4	5	6	7	8	9	10	

TEACHER ASSESMENT OF LISTENING SKILLS

(The ability to glean important information from oral presentations)

Circle Response	LOW										HIGH
	1	2	3	4	5	6	7	8	9	10	

TEACHER ASSESMENT OF VERBAL EXPRESSION

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

Circle Response	LOW										HIGH
	1	2	3	4	5	6	7	8	9	10	

**BERRIEN COUNTY MATHEMATICS AND 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 the Berrien County Mathematics and Science Center.

Signature

Date

PART B: (to be completed by the student's English teacher)

This 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: _____