



## **STUDENT PARTICIPANT STEAM AMBASSADORS PROGRAM - 2019 CYCLE**

### **2019 APPLICATION PACKET**

#### **Background**

Unlimited Hands-On Science (UHS) STEAM Ambassador Program offers a year long coach for promoting ambassadors of Science. The program is offered to students 1<sup>st</sup> thru 8<sup>th</sup> grade, that are currently enrolled in UHS's onsite After School Program. Accepted participants will focus on themes such as leadership and community service through activities such as site meetings, experiential learning activities, leadership trainings, mentoring by community, volunteer programs and our Jr. Counselor Program.

STEAM Ambassadors is sponsored by Unlimited Hands-On Science, LLC and its affiliates. The program runs September to June each year.

#### **Eligibility Requirements**

- 1<sup>st</sup>-8<sup>th</sup> grade only
- Maintain good academic standing
- Demonstrate leadership and interest in community service and program themes.
- Exhibit flexibility, maturity, integrity, good social skills, and open-mindedness
- **Must be currently enrolled in UHS onsite, daily afterschool program**

**\*\*\* DEADLINE: February 4, 2019**

# FREQUENTLY ASKED QUESTIONS

## How do I apply?

- Submit supporting documents as outlined within the application. Students must submit 2 letter of recommendation (non-family), a photo of yourself, and parent/guardian permission.

## What is the cost of this program?

- There is no application fee for applicants at this time;
- UHS will pay for transportation to and from venues and we will raise funds for the rest.

## Can siblings apply to the STEAM Ambassador Program?

- Yes, as long as they meet all of the same requirements.

## What are the criteria for selection?

Students will be evaluated on the following factors:

- A demonstrated interest in and commitment to volunteer and civic activities;
- Ability to work cooperatively in diverse groups and tolerate the opinions of others;
- Leadership potential
- Good social and communication skills;
- Good academic performance (maintains B or higher);
- An energetic, positive attitude; and
- Ability to learn how to implement projects that benefit UHS and the community.

## Will I receive confirmation that my application has been received? When will I know if I've been accepted?

- Yes. You will receive an email to inform you your application is complete and has been received after submitting all required forms. You will also receive an email to inform you of your status-Not Selected or Selected. If Selected, you will also receive an invitation for an interview, and will receive an email after their interview informing their new status-Approved or Not Approved.

## What if I'm not accepted to the STEAM Ambassadors Program this year; can I apply again next year?

- Yes, provided you meet the eligibility criteria again next year.

## If selected.....

- Additional information and materials will be provided.

## Who should I contact if I have any questions about the application or program?

- Please send all questions about the program to [unlimitedhandsonscience@gmail.com](mailto:unlimitedhandsonscience@gmail.com) or call (803)764-6575

# **2018-2019 APPLICATION**

Please carefully read this application form before beginning your application. You must answer all the questions and submit all the required documentation for your application to be considered eligible. If some questions do not apply please write N/A (not applicable).

## **DOCUMENTS REQUIRED**

Please send the following documentation with your application:

1. Most recent academic record or report card.
2. Parent consent form
3. Letter of Recommendation #1 (teacher)
4. Letter of Recommendation #2 (administration or community leader)
5. Completed Application (incomplete applications will be automatically rejected)

\*\*\*Letter #1 should be from a teacher at your school. Letter #2 should be from an adult community leader at an organization that you're either apart of or volunteered, or any administration official at your school.

Both recommendations should be by an adult who is not related to you. The adult should know you well enough to talk about your leadership abilities, character, and ability to handle different situations.

Please make sure that your recommender includes your full name in your letter or recommendation and utilizes the STEAM Ambassadors provided form.



**EDUCATIONAL INFORMATION**

Current School Name: \_\_\_\_\_ Type: Public Private  Other

School Address: \_\_\_\_\_

\_\_\_\_\_  
(please include street name and number, postal code, city, state/province)

Grade Level (what year of schooling you are currently in): \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

**Did you attach your most recent academic record?**     Yes     No

Extracurricular and Volunteer Activities – Please describe any extracurricular activities that you are involved with and what they mean to you. Examples of extracurricular activities are school clubs, sports teams, youth organizations, and community service activities. **Please also include how you have been involved and for how long.**

**PARENT/GUARDIAN**

Family: \_\_\_\_\_  
# of people in your household

**Parent/Guardian 1:** \_\_\_\_\_  
First Name Middle Name Last Name

Relation to you (check one):  Father  Mother  Guardian

Address: \_\_\_\_\_  
(please include street name and number, postal code, city, state/province)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment/Occupation: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
First Name Middle Name Last Name

Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_  
(please include street name and number, postal code, city, state/province)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Did you attach a completed parental consent form?**  Yes  No









## Letter of Recommendation for the STEAM Ambassadors Program #1

**Instructions:** Recommendations should be made by one (1) teacher at your school or language institution and one (1) from an adult leader at an organization where you have volunteered, or held a position of leadership or active membership for at least on year. These should be from adults who know the applicant and has knowledge of academic, personal and leadership qualities. The recommendations cannot be from a family member or friends.

This recommendation must be typed, or if it is written by hand it must be legible. The recommendations must be submitted with your complete application to be eligible. **LETTERS ARRIVING LATE MAY DISQUALIFY AN APPLICATION.**

Our program requires a lot of one-on-one time with our students and can be a little intense at times. The applicant will be immersed in an academic environment with challenges and that will require patience and adjustment. To be successful, the applicant must have a high degree of motivation and the ability to get used to people of different social and cultural levels. Please be very honest in your evaluation of the applicant to help us determine whether or not this person is able to participate in this type of program. Please indicate, by checking the appropriate spaces, your evaluation of the characteristics of this person. If you wish, you can add comments, if so, please include another page.

**To be filled out by the applicant:**

\_\_\_\_\_

Last Name, First Name (as provided on your application)

\_\_\_\_\_

Date of Birth (Month/Day/Year)

\_\_\_\_\_

Email Address

**To be filled out by the person giving the reference:**

\_\_\_\_\_

Full Name

\_\_\_\_\_

Work/Title

\_\_\_\_\_

Relationship to Applicant

\_\_\_\_\_

Place of Employment

\_\_\_\_\_

Email Address

\_\_\_\_\_

Phone Number

	Excellent	Good	Normal	Poor	Not Sure
Consideration and respect for others and their perspectives					
Good judgement and common sense					
Potential to be a leader					
Ability to engage with new situations					
Intellectual curiosity and imagination					
Ability to express oneself clearly					
Participation in the community and in extra-curricular activities					
Ability to complete and continue projects					
Sense of humor					

**Comments:**

What are the strong characteristics of this applicant?

How well do you think the applicant can adapt the student to new situations with a family from another culture?

How well do you think the applicant can collaborate with other members of your travel group to solve problems?

Please comment on the general ability of the student to participate in the program, including social and leadership skills.

Name \_\_\_\_\_

Signature \_\_\_\_\_



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### To be filled out by the applicant:

\_\_\_\_\_  
Last Name, First Name (as provided on your application)

\_\_\_\_\_  
Date of Birth (Month/Day/Year)

\_\_\_\_\_  
Email Address

### To be filled out by the person giving the reference:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Work/Title

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Place of Employment

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Email Address

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How well do you think the applicant can collaborate with other members of your travel group to solve problems?

Please comment on the general ability of the student to participate in the program, including social and leadership skills.

Name \_\_\_\_\_

Signature \_\_\_\_\_



## Letter of Recommendation for the STEAM Ambassadors Program #2

All applicants must submit authorization signed by the parent or legal guardian along with the application giving permission to participate in the STEAM Ambassadors Program. If this authorization is missing, the request will not be considered.

**Applicant Name:**

**Parent/Guardian 1:**

Full Name and Relationship to applicant

Address

Phone and Email

**Parent/Guardian 2:**

Full Name and Relationship to applicant

Address

Phone and Email

**Other Family**

Names

Relationship

My son/daughter has my permission to request participation in the STEAM Ambassador Program and to participate fully if accepted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I guarantee that all information on this application is true and I agree that if the applicant is selected he/she will participate in ALL activities in the United States, including all field trips and activities to follow.

I also agree that if I am selected for the program I will participate fully for the duration of the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date