



Center for Research on Interface Structures and Phenomena
An NSF Materials Research Science and Engineering Center
Southern CT State University • Yale University • Brookhaven National Laboratory

Research Experience for High School Students Fellowship Program
Southern Connecticut State University

The CRISP Summer Research Experience for High School Students provides participants with the opportunity to conduct team-based interdisciplinary research. Participating students conduct an eight-week research project as members of a research team including university faculty, undergraduate and graduate students. The program will normally run through June and July. High school students join the team as soon as their school year ends in June.

Students will be exposed to other research available on campus through weekly meetings and faculty seminars. Students participating in the CRISP summer program will be responsible for obtaining transportation to SCSU and Yale for the duration of the program.

Candidates should complete the attached application and consent forms. Applications should be mailed as soon as possible, but **no later than May 28, 2010**, to Dr. Broadbridge at the address listed below

Applications from women and underrepresented minorities are especially encouraged and should be so identified. Students must be citizens or permanent residents of the United States or its possessions.

Information about CRISP can be found at <http://www.crisp.yale.edu>

For additional information, contact:

Dr. Christine Broadbridge, Education Director, CRISP
SCSU Department of Physics, JE 108 • 501 Crescent Street • New Haven CT • 06515-1355
christine.broadbridge@yale.edu

CRISP Research Experience for High School Students

PLEASE TYPE OR PRINT IN INK THE NEEDED INFORMATION REQUESTED BELOW. If any additional space is needed, please use a separate sheet of paper with your name and current high school clearly indicated.

PERSONAL INFORMATION:

Last: _____

First: _____ Middle: _____

D.O.B. : _____ Age: _____ Gender: Male Female

Citizenship Status: U.S. Citizen Permanent Resident Foreign Citizen

Country of Citizenship: _____

Visa Status: _____

MAILING ADDRESS (Valid until _____)

Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Daytime Phone: _____

PERMANENT ADDRESS

Same as Mailing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Daytime Phone: _____

Email address: _____

ACADEMIC INFORMATION:

High School: _____ Grade Level: _____

Overall Cumulative GPA: _____ Last day of school: ____ / ____ / ____

RACIAL/ETHNIC BACKGROUND:

- White
- Black/African American
- Hispanic (Please specify) _____
- Native American (Please specify) _____
- Asian American (Please specify) _____
- Pacific Islander (Please specify) _____
- Bi- or Multi-racial (Please specify) _____
- Other background (Please specify) _____

YOUR COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

- ✧ **CURRENT RESUME**
Include a copy of your updated resume with this application.
- ✧ **RECOMMENDATION LETTER**
One letter of recommendation either sent directly to CRISP Education Director or included with your application in a sealed envelope and signed across the seal by your recommender.
- ✧ **OFFICIAL TRANSCRIPT**
Current official transcript(s) are to be sent directly to the CRISP Education Director.
- ✧ **PERSONAL STATEMENT**
Statement should be no longer than 1 page in length (single-spaced, 12 point).
- ✧ **PARENT/GUARDIAN CONSENT FORM**
- ✧ **ASSUMPTION OF RISK & WAIVER**

INFORMATION VERIFICATION:

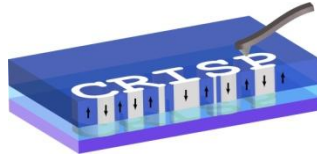
All information included in this application is true and correct to the best of my knowledge.

Student Signature: _____

Date: _____

MAIL ALL APPLICATION MATERIALS TO:

Dr. Christine Broadbridge, Education Director, CRISP
SCSU Department of Physics, JE 108 • 501 Crescent Street • New Haven CT • 06515-1355



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PARENT / GUARDIAN CONSENT FORM

Please check yes or no, to tell us if you give permission for the CRISP EDUCATION SUMMER PROGRAM to include your son or daughter in the following components of our program. Participation in CRISP is **not** dependent on answering yes to any of the following questions.

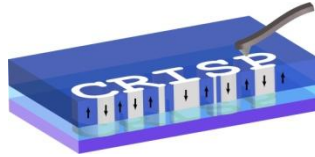
I give permission for my son/daughter to participate in a study to determine the effectiveness of the CRISP EDUCATION SUMMER PROGRAM which includes the following:		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I give permission to allow my son/daughter to fill out surveys, and participate in interviews to share his/her perceptions of the benefits and quality of the CRISP EDUCATION SUMMER PROGRAM. I understand that my child can discontinue participation in these surveys and interviews at any time.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I understand that some of the collected information may result in data publication, but that all responses will be treated as confidential and will be reported as a group. Details about individuals or families will be kept confidential and not disclosed.
YES <input type="checkbox"/>	NO <input type="checkbox"/>	I give the CRISP EDUCATION SUMMER PROGRAM permission to use my son/daughter's/my photograph(s), essays, quotes, or coursework in promotional materials and publicity efforts.

Name of CRISP Participant (please print): _____

Parent / Guardian Name (please print): _____

Parent / Guardian Signature: _____

Date: _____



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ASSUMPTION OF RISK & WAIVER

I, _____ will be participating in the CRISP EDUCATION SUMMER PROGRAM.

I hereby acknowledge that I have voluntarily and freely elected to participate in the CRISP EDUCATION SUMMER PROGRAM. I understand and agree that Yale University and Southern CT State University and/or its directors, employees, agents, or representatives assume no liability for injury or illness to person, or damage to or loss of property, of any nature whatsoever, including any injury, illness or damage resulting from, for example, participation in field trips, transport to and from field trip locations or work conducted in the university laboratories.

I understand participation in the CRISP EDUCATION SUMMER PROGRAM carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks may vary, but could include minor injuries such as scratches and bruises, to major injuries such as eye, back or joint injuries, to catastrophic injuries such as paralysis and even death. I acknowledge that I may be expected to use tools related to my research and I agree to participate in training in proper use and follow instructions for proper use of these tools, utilize provided protective equipment, and only use these tools when supervised. In participating in this program, I voluntarily and freely assume all risk of accident, injury, illness or damage to property.

I agree to release, indemnify, hold harmless and defend Yale University and Southern CT State University, and its directors, employees, agents and representatives from and against any claim which I, my parents or guardian, or any other person, may have for any losses, damages, or injuries arising out of or in connection with my participation in the CRISP EDUCATION SUMMER PROGRAM. Yale University and Southern CT State University shall also not be responsible to me or to any other person for illness, injury or damage to or loss of property due to my own acts or omissions.

If participant is not of legal age (eighteen [18] or older), signature of the participant's parent or guardian is required. Application of signature attests that participant, or, if not of legal age, participant's parent or guardian, has read and understands the terms of this Assumption of Risk and Waiver, is competent to execute it, is doing so of his/her own free will and accord, voluntarily and without duress, and does so intending to bind participant, parent or guardian, executor, heirs and administrators or assigns to the fullest extent allowed by law.

Name of CRISP Participant: _____

Participant DOB: ____ / ____ / ____

Name of Legal Parent/Guardian: _____

Signature of Legal Parent/Guardian: _____

Date: _____