

Junior Science & Engineering Excellence and Diversity (JrSEED) Program Application

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JUNIOR SCIENCE & ENGINEERING EXCELLENCE AND DIVERSITY (JrSEED)

An Opportunity for High School Students to Attend OU for 2 Days and Learn about Engineering (Information and Application Instructions)

Do you like math and science courses, curious about how things work and why they fail, like to work in a team setting? If so, you may be a future engineer and this Aerospace and Mechanical Engineering (AME) Junior Summer Engineering camp may be ideal for you.

The 2016 Summer JrSEED Program hosted by the Faculty of Aerospace and Mechanical Engineering at the University of Oklahoma will select 15 to 20 applicants. The program will be two days long. Selected candidates will be exposed to Lab Tours, Solar Panel Car Competition, Thermoelectric Power Generation, and Learning to Program a Robot to Perform a Task, among others. Selected candidates will also attend a 30 minute seminar on inclusion & diversity and learn of the importance of working in a diverse setting /environment and working on a team of people.

ELIGIBILITY REQUIREMENTS

To be eligible for the 2016 AME Junior Summer Engineering Program, you must meet specific academic requirements. Applicants who are physically disabled are considered on the same basis as any other applicant and may not be discriminated against in any way.

ACADEMIC REQUIREMENTS

Students entering their freshman, sophomore, or junior year in high school in the Fall 2016 and who have completed at least high school geometry are eligible to apply.

COST OF THE PROGRAM AND METHOD OF PAYMENT

The cost for the two days attendance is \$100.00 (nonrefundable), which includes lunches, T-shirt, materials and prizes. Can include a check with this application. Make check payable to JrSEED.

APPLICATION PROCESS

Completed application must be emailed to Wilson Merchan-Merchan, JrSEED@OU program coordinator no later than Monday, May 16, 2016 by midnight in order to be considered for the 2016 program. If you do not have access to scan and email your application materials, special arrangements can be made in advance. Please email or call Dr. Merchan-Merchan to arrange. You will be notified once the application has been received.

The application can also be mailed to:

Wilson Merchan-Merchan
Associate Professor
University of Oklahoma
School of Aerospace & Mechanical Engineering
865 Asp Ave, Felgar Hall, Room 208
Norman, OK 73019

STUDENT APPLICATION –JrSEED SUMMER PROGRAM 2016
All information on the application must be typed or printed neatly

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Program Application**

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I. PERSONAL INFORMATION

Participant's Name: Last _____ First _____ MI _____

Gender: _____ Ethnic group (optional): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Email Address: _____

Cell Phone _____ High School: _____

Academic status in fall 2016 (Circle): *Freshman, Sophomore, Junior*

MATH/SCIENCE COURSES TAKEN AND GRADES OBTAINED: _____

EXTRACURRICULAR ACTIVITIES: _____

II. PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____

Address (if different from above): _____

Highest Level of
Education Obtained: _____ Occupation: _____

Father/Guardian Name: _____

Address (if different from above): _____

Highest Level of
Education Obtained: _____ Occupation: _____

Total Number of People in Your Household: _____

III. T-SHIRT SIZE

(S-M-L-XL) _____

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IV. THIS SECTION MUST BE COMPLETED BY A PARENT/GUARDIAN

Emergency Contact Card

PARTICIPANT'S Name: _____ Age _____ Birth Date _____

Name of Parent or Legal Guardian _____

Address _____ City _____ Zip _____

Mother's Name _____ Father's Name _____

Home phone _____ Home phone _____

Work phone _____ Work phone _____

Cell phone _____ Cell phone _____

Email _____ Email _____

In case of Emergency I give permission for either of the following people to be contacted and/or to pick up my child from.

1) Name _____ Phone _____ Relationship _____

2) Name _____ Phone _____ Relationship _____

Parental (or Legal Guardian) Permission Form

I certify that my child, _____, is healthy and free of problems that could be deleterious to his/her participation in the Junior Science & Engineering Excellence and Diversity (JrSEED) program. In case of injury, I wish to be contacted as soon as possible at the telephone number(s) listed above. I also give JrSEED permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of a serious illness or injury, and so that my child may be sent to a local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise.

Pediatrician's Name _____ Phone# _____ Hospital Pref. _____

I give permission to JrSEED to photograph my child _____ who is participating in the JrSEED program. I also give permission to JrSEED to use the photographs of my child for promotional purposes, including but not limited to the JrSEED website, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials.

List of foods/ingredients that the Participant is allergic to:

Name _____ Signature of Parent/Legal Guardian _____

Relationship to child: _____ Date _____

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V. LIABILITY WAIVER FORM

TO: Junior Science & Engineering Excellence and Diversity (JrSEED)

EVENT OR ACTIVITY: TWO DAY PROGRAM AT JRSEED

PARTICIPANT NAME: _____

I understand that participation in the JrSEED could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her participation in this event/ activity. I release the University of Oklahoma, Aerospace and Mechanical Engineering, its employees and JrSEED from all liability, costs and damages which might arise from participation in the JrSEED program.

I agree that the participant (a minor) has my consent to participate in the event. I further provide my consent to the organization named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

NAME OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____