

**PLEASE TYPE or
PRINT IN
DARK INK**

**Freshman Application
Berrien RESA 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

Student Telephone Number Parent Telephone Number

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. Parent Email Address: _____

5. Enter your date of birth:
month day year

6. Student Email Address: _____

7. Gender: _____

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

Name of School District

9. Principal's Name: _____

10. Counselor's Name: _____

11. Math Teacher: _____

12. Science Teacher: _____

13. English Teacher: _____

14. Does the applicant have a relative that was/is enrolled in the Berrien RESA Math & Science Center? If so, who?

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

I support my child’s application for admission to the Berrien RESA 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.

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 RESA Mathematics & Science Center.

SECTION III. This is to be an actual sample of student composition. Please do your own work, independent from parent, teacher or internet.

*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)*

15. Describe a time when you worked with a team or with a group of peers to accomplish an academic project or academic goal.

16. Please tell us why you want to attend the Center.

17. 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.

18. 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

19. 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)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

20. Optional statement

Berrien RESA 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 IV. This page to be completed by Guidance Office. Permission sign off at bottom of page.

PSAT 8/9 scores MUST be submitted as part of application process. Please report scores as soon as they are available.

Record Grades below or attach transcript from 7th & 8th grade year:

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 RESA 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 RESA 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 mid-March to: Berrien RESA 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: _____

