

## Hofstra University Summer Science Research Program

2024 Application Form

Application Deadline: March 29, 2024

Application Fee: \$60 (enclosed with application, made payable to Hofstra University)

## If accepted into the program:

Tuition Deposit of \$500 due by June 7. Tuition Balance of \$1500 due by June 30.

## Mail completed application with application fee to:

Gail K. Bennington, Director Hofstra University Summer Science Research Program Hofstra University, Hempstead, NY 11549

Tel. (516) 463-5564 Fax (516) 463-5120

Email: HUSSRP@hofstra.edu

Please provide the following information. Please type or print neatly in black or blue ink.

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<b>Student Information</b>				
First Name:		M.I.	Last Nam	e:
Address:				
City:		State:	Zip Code:	
Telephone:		E-mail:		
Date of Birth:		Anticipated Date	of	
Date of Diffi.		Anticipated Date of High School Graduation:		
Parent/Guardian:	Telephone:			
r archiv Guardian.			Telephone	<del>.</del>
<b>School Information</b>				
School Name:				
Address:				
City:	State: Zip Code:			
Borough/County:				
School Telephone:				
Principal:				
Science Chairperson:				
Teacher from whom y	ou have requested a re	ecommendation:		
Name:	Subject:			
Indicate the courses ye	ou have taken:			
Course	Semester/Year	Regents or A	AP? (	Grade received or anticipated
Biology				
Chemistry				
Earth Science				
Physics				

Science Research

## **Research Interests**

Please indicate the your 1 <sup>st</sup> , 2 <sup>nd</sup> , and	hree areas of research in which you would prefer to do research. Start choice.	Specify
B	Behavioral Science/ Psychology	
E	cology / Conservation Biology	
M	Microbiology / Cell / Genetics	
C	Chemistry / Biochemistry	
G	Geology / Paleontology	
C	Climate / Meteorology	
C	Computer Science	
Si	ustainability/ Environmental	
Se	cience Mathematics	
E:	ngineering	
P	hysics	

Please answer the following questions.

1. Why are you interested in participating in a summer science research program? Have you participated in any other science programs? What do you hope to learn from your experience?

2. What are your professional goals once you've finished your co	ollege education?			
<ol> <li>Please list all full or part time jobs or internships you have had Please provide your place of employment/internship, dates of and a summary of your duties.</li> </ol>				
Parent/Student Commitment				
We, the undersigned, certify that the information provided by us on this form is true. We understand that if the student whose name appears on this form is admitted to Hofstra University's Summer Science Research Program, (s)he will agree to abide by all program rules and fulfill all requirements. We also agree to fulfill all financial obligations associated with participation in the program. The student understands that if accepted, (s)he will be placed with a research mentor at the discretion of the Program Coordinators.				
Signature of Student:	Date:			
Signature of Parent/Guardian:	Date:			