

# GIFTED AND TALENTED RESEARCH PROGRAM

## INTERN/MENTOR APPLICATION PACKET



River Hill High School  
Ms Mary Jane Sasser  
[msasser@hcpss.org](mailto:msasser@hcpss.org)  
410.313.7120

Applications  
will be accepted starting January 3.  
Deadline Tuesday, January 31, 2017

Turn into Room 141

Dear Students:

Thank you for your interest in the G/T Intern/Mentor Program. By picking up this application, you are already distinguishing yourself with the opportunity to conduct college-level research in an area of your interest. If you have the commitment to complete a task, an above average ability in your interest area, and creativity, you can excel in the G/T Research Program!

While enrolled in the G/T Intern/Mentor Program, students design an original research study or creative production. Students study off-campus with a professional mentor in a self-selected area of interest. Student research or creative production focuses on contributing new knowledge to the field of study. The G/T Resource Teacher facilitates classroom and internship experiences, focusing on advanced-level research methodologies, college-level writing, and oral presentation skills. At the mentor site, students apply the knowledge and skills they have learned in an authentic, professional environment.

While ultimately it is my role to arrange your internship with a mentor, it is imperative that you and your parents involve yourselves in the preliminary mentor search. Talk to your neighbors, family, friends, and any appropriate connection that could possibly lead you to a fabulous mentor experience. Please list these potential contacts on your application. **I will call the potential mentors that you have listed and get the placement arrangements started.** You should not “cold call” potential mentors, but you can list places that interest you on your application, even if you do not have a connection at that location. You must remember that the search process often does not lead to immediate results. Finding an appropriate placement takes time and perseverance. We will talk during your interview about how I can specifically help you by using my resources and experience to assist in finding a positive placement for you.

I will use this application, teacher recommendations, and an interview to accept a maximum of 40 students in this program. Please be certain that your application is complete and submitted on time. **Applications will be accepted starting January 3. Deadline Tuesday, January 31, 2017. All applications are to be turned into Room 141.** Once applications are submitted, **you must sign up for one 15 minute interview.** We will discuss your interests, possible placements, your questions, and reason for requesting the internship. After I have met with all applicants, you will receive a letter stating the status of your acceptance by March 1, 2017.

**For the purposes of completing your course selection sheet for next year, you should include the G/T Intern/Mentor Program (Intern/Mentor #191M).** Once students have been selected for the program, Student Services will be alerted and make the necessary schedule changes. Please note that this program meets during sixth period for the one-credit option, and during fifth and sixth periods for the two-credit option. Schedule conflicts are handled on an individual basis.

Thank you for your interest in the GT Research Program. You are taking advantage of a wonderful opportunity. I am available in the GT Resource Room to answer any questions that you might have.

Sincerely,

**Mary Jane Sasser**  
River Hill High School  
12101 Route 108  
Clarksville, MD  
[msasser@hcpss.org](mailto:msasser@hcpss.org)

# Gifted and Talented Intern/Mentor Program Application

## River Hill High School

**Mary Jane Sasser**

River Hill High School  
12101 Route 108  
Clarksville, MD  
[msasser@hcpss.org](mailto:msasser@hcpss.org)

To be fully aware of all program expectations, be certain you and your parent/guardian read all documents before signing and submitting this application. Please type or print neatly using blue or black ink.

**Applications will be accepted starting Jan. 3. Deadline Tuesday, January 31, 2017**

**Turn into Room 141**

### Step One: Application Information

Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Grade Level for 2016-2017 (Circle one) 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Attended Gifted and Talented Information Night (circle one) Yes No

Credits Requested: One Credit (5 hrs/wk) \_\_\_\_\_ Two Credits (10 hrs/wk) \_\_\_\_\_

Transportation: (Check appropriate line and provide requested information)

I will drive myself. \_\_\_\_\_

Driver's License Number \_\_\_\_\_

If you do not have your license yet, when do you expect to obtain your license? \_\_\_\_\_

Other arrangements \_\_\_\_\_ Please explain \_\_\_\_\_

### Current Student Schedule

Period One: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_

Period Two: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_

Period Three: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_

Period Four A: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_

Period Four B: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_

Period Five: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_

Period Six: \_\_\_\_\_ Teacher: \_\_\_\_\_ Rm: \_\_\_\_\_

### Step Two: Field of Interest

Remember that participation in the G/T Intern/Mentor Program is influenced by the availability of mentors. The number of qualified and willing professional mentors in each field of interest can vary greatly. **Identifying potential mentors for Ms Sasser may facilitate your placements.** Indicate your field of interest and be as specific as possible (for example, Education – Elementary). **\*At this time, please do not contact mentors directly. If you are interested in an internship at the Johns Hopkins University Applied Physics Laboratory or Howard County General Hospital, your G/T Resource Teacher MUST make the initial contact.**

Field of interest: \_\_\_\_\_

Alternative if no mentor can be secured in your first choice area: \_\_\_\_\_

Note: **Students are asked to suggest resources for potential mentors or placement locations. The G/T Resource Teacher will then contact them directly on your behalf.** Please give as much information as possible for two potential mentors.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization: \_\_\_\_\_

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

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

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

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

### Step Three: Questions

DIRECTIONS: Think and respond carefully to the questions or statements below on a separate, typed page. Your answers should comprise of several short paragraphs.

1. Why are you interested in this field of study? Explain in detail.
2. What skills and knowledge do you possess that will provide a background for an internship in your area of interest? What specific strengths do you have to offer a mentor? (i.e. related coursework and experiences, computer or programming skills, communication skills, other volunteer or internship experiences)
3. It is important to be realistic when considering your expectations of a mentor. What experiences do you expect your mentor to provide? What do you expect to do when you are with your mentor?
4. What specific strengths do you have to offer a mentor? Keep in mind the skills that might be most beneficial at your intended internship site.
5. Geographic limits may restrict the availability of a mentor. Keep in mind that some professions are only practiced in certain kinds of settings. **List any areas where you cannot drive.**

### Step Four: Documentation

Attach the following documents to this application:

- Your high school **transcript**
- Your most **recent report card**
  - √ **Please see the attached form for requesting your unofficial transcript and report card from the registrar (located in Student Services). The registrar will provide the requested information directly to Ms Sasser.**
- A **résumé** (summer jobs, extracurricular activities, etc.)

### Step Five: Recommendations

Give the two attached recommendations to teachers to fill out. They will then return them to Ms Sasser. The teacher recommendations are confidential; therefore, you will not be permitted to see them once they are filled out and returned to Ms Sasser. List the teachers from whom you've requested recommendations below.

I have given recommendation forms to \_\_\_\_\_ and \_\_\_\_\_.

### Step Six: Signatures

Timely submission of this application is the responsibility of each applicant. Students submitting an incomplete application will not be considered for the program. **Final acceptance into the Gifted and Talented Intern/Mentor Program depends on a successful interview with the Gifted and Talented Resource Teacher** and the successful location of an appropriate mentor. Signing below indicates that you have read the information above as well as the contract and that you are familiar with the expectations of this program. Submit completed application to Ms Sasser in the G/T Resource Room.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Step Seven: Interview

When you submit this completed application to Ms Sasser, you should schedule an interview with her on the board in room 141. **Interviews will take place in room 141.** This is a formal interview process. Come prepared to discuss your interests in this program and the topic you would like to research/work on.

**Howard County Public School System**  
**GIFTED AND TALENTED INTERN/MENTOR RESEARCH COURSE**  
**TEACHER RECOMMENDATION FORM**  
**2017-2018**

Student: \_\_\_\_\_ Area(s) of Interest: \_\_\_\_\_

Students accepted in the G/T Intern-Mentor Program work under the professional guidance of mentors at their places of business, representing the Gifted and Talented Education Program and our school in the business community. Working with a mentor, students identify a project idea for investigation and in-depth study. Mentors are expected to help students develop an advanced product or culminating activity for presentation to an appropriate audience beyond the school. Please supply information about the above student in each of these areas:

|  |      |         |           |            |
|--|------|---------|-----------|------------|
| <b>Initiative:</b>                                     | poor | average | excellent | don't know |
| <hr/>  |      |         |           |            |
| <b>Ability to carry out in-depth independent work:</b> | poor | average | excellent | don't know |
| <hr/>  |      |         |           |            |
| <b>Written communication skills:</b>                   | poor | average | excellent | don't know |
| <hr/>  |      |         |           |            |
| <b>Time-management:</b>                                | poor | average | excellent | don't know |
| <hr/>  |      |         |           |            |
| <b>Maturity and task commitment:</b>                   | poor | average | excellent | don't know |
| <hr/>  |      |         |           |            |
| <b>Critical reading skills:</b>                        | poor | average | excellent | don't know |
| <hr/>  |      |         |           |            |
| <b>Academic integrity and reliability:</b>             | poor | average | excellent | don't know |
| <hr/>  |      |         |           |            |

**Overall:**   ☐ **highly recommend**   ☐ **recommend**   ☐ **recommend with reservations**

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Evaluator's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Evaluator's Printed Name:* \_\_\_\_\_

*Subject(s) taught:* \_\_\_\_\_

*How long and in what capacity have you known this student?* \_\_\_\_\_

**Please return this completed form to Ms Sasser(msasser@hcpss.org). Thank you for your time.**







**Howard County Public School System**  
**GIFTED AND TALENTED INTERN/MENTOR RESEARCH COURSE**  
**TEACHER RECOMMENDATION FORM**  
**2017-2018**

Student: \_\_\_\_\_ Area(s) of Interest: \_\_\_\_\_

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| <b>Time-management:</b>                                | poor | average | excellent | don't know |
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| <b>Academic integrity and reliability:</b>             | poor | average | excellent | don't know |

**Overall:**   ☐ **highly recommend**   ☐ **recommend**   ☐ **recommend with reservations**

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Evaluator's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Evaluator's Printed Name:* \_\_\_\_\_

*Subject(s) taught:* \_\_\_\_\_

*How long and in what capacity have you known this student?* \_\_\_\_\_



**Please return this completed form to Ms Sasser([msasser@hcpss.org](mailto:msasser@hcpss.org)). Thank you for your time.**

## CURRENT COURSE TRANSCRIPT CHART

Student Printed Name: \_\_\_\_\_

Field of Interest: \_\_\_\_\_

| To be completed by the applicant: |              |                                    |                                     |
|-----------------------------------|--------------|------------------------------------|-------------------------------------|
| Current Schedule                  |              |                                    |                                     |
| Period                            | Course Title | <i>First<br/>Quarter<br/>Grade</i> | <i>Second<br/>Quarter<br/>Grade</i> |
| 1                                 |              |                                    |                                     |
| 2                                 |              |                                    |                                     |
| 3                                 |              |                                    |                                     |
| 4A                                |              |                                    |                                     |
| 4B                                |              |                                    |                                     |
| 5                                 |              |                                    |                                     |
| 6                                 |              |                                    |                                     |

**The remainder of this form will be completed by Ms Sasser after examining your transcript.**

*Attendance:*

Current year absences and/or tardies: \_\_\_\_\_

*Grades and Courses:*

Number of G/T and AP Courses the student has taken: \_\_\_\_\_

Number of cum "A's" in those courses: \_\_\_\_\_

Number of cum "C/D/E" grades in those courses: \_\_\_\_\_

Previous enrollment in IR or I/M: \_\_\_\_\_

Cumulative GPA \_\_\_\_\_

Notes – Grades/Enrollment in internship area of interest...





## Transcript/Student Records Request Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Counselor: \_\_\_\_\_

| Colleges/Universities, Armed Forces, Scholarships, Employers, or Trade/ Technical Schools, NCAA, Internship Programs, Other:<br>_____ | Application Deadline | Do you need a Counselor Letter of Recommendation? (Yes or No) | Do you need a Secondary School Report? (Yes or No) | Are you using the Common Application? (Yes or No) | For Office Use Only |      |                                    |
|---|----------------------|---|--|---|---------------------|------|------------------------------------|
|   |                      |   |  |   | Date of Request     | Paid | Date of Student Pick-Up or Mailing |
| G/T Intern/Mentor Program   |                      | No  | No   | No  |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |
|   |                      |   |  |   |                     |      |                                    |

### Release of Student Records

The law requires that schools receive written permission signed by the parent/guardian before transcripts and other student records can be released to a third party.

I give approval to have transcripts and other student records sent by U.S. Mail or transmitted electronically to those listed above when a request to do so is made by my son/daughter.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transcript Fee: \$4.00 per transcript should be paid at the time of request.

Please allow 20 school days for transcript requests.

**River Hill High School  
Student Services  
12101 Route 108  
Clarksville, MD  
410-313-7400**

**Student Service Office Hours: Monday - Friday 7:10-2:40**

**UNOFFICIAL TRANSCRIPT REQUEST FORM**

**Unofficial transcripts are free**

Date: \_\_\_\_\_

Name \_\_\_\_\_ Social Sec. # \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

No. & Street City State Zip

Birthdate \_\_\_\_\_ Counselor \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone # \_\_\_\_\_

**With the understanding that pupil records are of a confidential nature and may not be transferred to a third party without written consent of the parent or eligible student, I do hereby grant permission for the following records to be released:**

- Transcript
- Most recent report card(s)

***These records are being requested for the admission into the Gifted and Talented Research Program.***

**RELEASE OF RECORDS**

The law requires that schools receive written permission signed by the parent (for any student under 18 years of age) or by the student (if the student is at least 18 years of age) before the school may release any transcripts or records to college and/or other post-secondary schools. We have been advised that a written notice, signed by the legal authority (parent or student as explained above) giving general approval of a release of such information through verbal request of students, will meet the requirements of the law. We recommend use of this procedure in lieu of individual written releases since the general release will facilitate meeting deadlines and thus be in the student's best interests.

I give approval to have transcripts and the usual school records forwarded to Ms Sasser for use in determining admission into the Gifted and Talented Research Program.

**\*\*Note – some internship locations require a copy of the student's academic transcript (i.e., Johns Hopkins APL, Johns Hopkins Hospital, NASA, etc.). If your internship requires a copy of your grades, Ms Sasser will provide this form to the Registrar and retrieve an unofficial transcript for your mentor.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature



