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 December 16 the Deadline is Wednesday, January 29, 2020. 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, 2020.

For the purposes of completing your course selection sheet for next year, you should include the G/T Intern/Mentor Program (Page 59 of the course catalogue) Course Numbers:

GT-430-1 (1 credit/First year) GT-440-2 (2 credit/First year)

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(rm 141) to answer any questions.

Sincerely,

Mary Jane Sasser River Hill High School(410)313-7120 12101 Route 108 Clarksville, MD <u>msasser@hcpss.org</u>

Gifted and Talented Intern/Mentor Program Application River Hill High School

Mary Jane Sasser River Hill High School 12101 Route 108 Clarksville, MD <u>msasser@hcpss.org</u>

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 December 16. <u>Deadline Wednesday, January 29, 2020</u> Step One: Application Information

Student:	Cell Phone:
Address:	Email:
	Parent Cell Phone:
Grade Level for 2020-21 (Circle one) 9 th 10 th 11 th 12 th	h
Attended Gifted and Talented Information Night (circle one	e) Yes No
Credits Requested: One Credit (5 hrs/wk)	Two Credits (10 hrs/wk)
Transportation: (Check appropriate line and provide reque	ested information)
I will drive myself Drive	r's License Number
If you do not have your license yet, when do you expect to a	obtain your license?
Other arrangements Please	e explain
Current Stude	ent Schedule
Period One: Teach	ner: Rm:
Period Two: Teach	her: Rm:
Period Three: Teach	her: Rm:

Period Four A: _____

Period Four B:

Period Five:

Period Six: _____

Teacher:_____ Rm: _____

Teacher:_____ Rm: ____

Teacher:_____ Rm: ____

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
 - $\sqrt{}$ 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 _____.

Date:_____

Step Six: Signature Timely submission of this application is the responsibility of each appl application will not be considered for the program. Final acceptance Program depends on a successful interview with the Gifted and Ta location of an appropriate mentor. Signing below indicates that you has contract and that you are familiar with the expectations of this program	icant. Students submitting an incomplete into the Gifted and Talented Intern/Mentor lented Resource Teacher and the successful ave read the information above as well as the
in the G/T Resource Room.	Deter
Student Signature:	Date:

Parent Signature:

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, dates will be posted. 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 2020-2021

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:

Initiative:	poor	average	excellent	don't know				
Ability to carry out in-depth independent work:	poor	average	excellent	don't know				
Written communication skills:	poor	average	excellent	don't know				
Time-management:	poor	average	excellent	don't know				
Maturity and task commitment:	poor	average	excellent	don't know				
Critical reading skills:	poor	average	excellent	don't know				
Academic integrity and reliability:	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 y	ou known this	student?						
Please return this completed form to M	s Sasser(msass	ser@hcpss.org)	. Thank you for	your time. GIFTED & TALENTED EDUCATION PROGRAM				

Howard County Public School System GIFTED AND TALENTED INTERN/MENTOR RESEARCH COURSE TEACHER RECOMMENDATION FORM 2020-2021

Student:

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Initiative:	poor	average	excellent	don't know				
Ability to carry out in-depth independent work:	poor	average	excellent	don't know				
Written communication skills:	poor	average	excellent	don't know				
Time-management:	poor	average	excellent	don't know				
Maturity and task commitment:	poor	average	excellent	don't know				
Critical reading skills:	poor	average	excellent	don't know				
Academic integrity and reliability:	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:				<u>C</u>				
How long and in what capacity have y	ou known this	student?						
Please return this completed form to M	s Sasser(msas	ser@hcpss.org)	. Thank you for	your time. GIFTED & TALENTED EDUCATION PROGRAM				

CURRENT COURSE TRANSCRIPT CHART

Student Printed Name:_____

Field of Interest:

To be c	ompleted by the applicant:		
	Current Schedule		
Period	Course Title	First Quarter Grade	Second Quarter Grade
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

			Date of	Birth:	/_	/
E-Mail Address:						
Counselor:						
				For Office Use Only		
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)	Date of Request	Paid	Date of Student Pick-Up or Mailing
	No	No	No			
	E-Mail Add Counselor:	E-Mail Address: Counselor: Application Deadline Do you need a Counselor Letter of Recommendation? (Yes or No)	E-Mail Address: Counselor: Application Deadline Do you need a Counselor Letter of Recommendation? (Yes or No) Do you need a Secondary School Report? (Yes or No)	E-Mail Address: Counselor: Application Do you need a Counselor Letter of Deadline Counselor Letter of Recommendation? (Yes or No) Do you need a Secondary School Report? (Yes or No) Application? (Yes or No)	E-Mail Address: Counselor: Application 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) Do you need a Secondary Common Application? (Yes or No) Do you need a Secondary Common Application?	E-Mail Address: Counselor: Application 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) Do you need a Secondary School Report? (Yes or No) Do you need a Secondary (Yes or No) Do you need a S

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.

3.11 Office of School Counseling and Related Services/LB

River Hill High School Student Services 12101 Route 108 Clarksville, MD 410-313-7400 Student Service Office Hours: Monday - Friday 7:10-2:40

<u>UNOFFICIAL</u> TRANSCRIPT REQUEST FORM Unofficial transcripts are free

				Date:		
Name				Social Sec. #		
	Last	First	Middle			
Address _						
	No. & Street		City	State	Zip	
Birthdate				Counselor		
Parent/Gu	ardian 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