# GIFTED AND TALENTED RESEARCH PROGRAM

## INTERN/MENTOR APPLICATION PACKET



River Hill High School
Ms Mary Jane Sasser

msasser@hcpss.org
410.313.7120

# Applications will be accepted starting January 2. Deadline Tuesday, January 15, 2019

Turn into Room141

#### 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 2 the Deadline is TUESDAY, JANUARY 15, 2019. 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, 2019.

For the purposes of completing your course selection sheet for next year, you should include the G/T Intern/Mentor Program (Page 62 of the course catalogue) Course Numbers:

GT-430-1 (1 credit/First year) GT-440-2 (2 credit/First year) GT-450-1 (1 credit/Second year) GT-460-2 (2 credits/Second 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 to answer any questions that you might have.

Sincerely,

Mary Jane Sasser River Hill High School 12101 Route 108 Clarksville, MD 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

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 January 2. Deadline Tuesday, January 15, 2019

#### **Step One: Application Information**

| Student:                   | Phone:  |                      |
|----------------------------|---|----------------------|
| Address:                   |   |                      |
|                            | Cell Phone:   |                      |
| Grade Level for 2017-2018  | (Circle one) 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> |                      |
| Attended Gifted and Talent | ed Information Night (circle one) Yes No  |                      |
| Credits Requested:         | One Credit (5 hrs/wk) Two   | Credits (10 hrs/wk)  |
| Transportation: (Check ap  | ppropriate line and provide requested information                               | )                    |
| I will drive myself        | ·   |                      |
| Driver's I                 | License Number  |                      |
| If you do                  | not have your license yet, when do you expect to                                | obtain your license? |
| Other arrangement          | rs Please explain   |                      |
|                            | <b>Current Student Schedule</b>   |                      |
| 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 sec | ured in your first choice area:  |
|                                     | est resources for potential mentors or placement locations. The G/T ct them directly on your behalf. Please give as much information as possible |
| Name:                               | Name:  |
| Title:                              | Title:   |
| 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

| teacher recommendations are confidential; therefore, you will and returned to Ms Sasser. List the teachers from whom you've   | not be permitted to see them once they are filled out  |
|---|--|
| I have given recommendation forms to  | and  |
| Step Six: Signature Timely submission of this application is the responsibility of eapplication will not be considered for the program. Final acceleration of an appropriate mentor. Signing below indicates the contract and that you are familiar with the expectations of this in the G/T Resource Room. | ach applicant. Students submitting an incomplete eptance into the Gifted and Talented Intern/Mentor and Talented Resource Teacher and the successful at you have read the information above as well as the |
| 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, 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 2019-2020

Area(s) of Interest:

Student:\_\_\_\_

| Students accepted in the guidance of mentors at their place. Program and our school in the bus project idea for investigation and an advanced product or culminati the school. Please supply information | es of business,<br>siness commu-<br>in-depth study<br>ng activity for | representing to<br>nity. Working<br>Mentors are<br>presentation to | the Gifted and T<br>with a mentor,<br>expected to help<br>to an appropriate | Calented Education students identify a p students develop a audience beyond |  |  |
|--|---|--|---|---|--|--|
| 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 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 2019-2020

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

Area(s) of Interest:

| Students accepted in the guidance of mentors at their place. Program and our school in the but project idea for investigation and an advanced product or culminate the school. Please supply inform | ces of business<br>usiness commu<br>in-depth study<br>ing activity for | , representing to<br>nity. Working<br>v. Mentors are<br>r presentation to | the Gifted and T<br>with a mentor,<br>expected to hel-<br>to an appropriate | Calented Education students identify a p students develop e audience beyond |
|---|--|---|---|---|
| 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 recommodational Comments:   |  |   |   | ith reservations  |
|   |  |   |   |   |
| Evaluator's Signature:Evaluator's Printed Name:   |  |   |   |   |
| Subject(s) taught:  |  |   |   |   |
| How long and in what capacity have  | •  |   |   | CIPERD A  |
| Place return this completed form to I   | Mc Saccar(meac   | car@hence ara)  | Thank you for   | vour time  GIFTED &   |

#### CURRENT COURSE TRANSCRIPT CHART

| Studen                      | t Printed Name:   |                           |                            |
|-----------------------------|---|---------------------------|----------------------------|
| Field of                    | f Interest:   |                           |                            |
|                             |   |                           |                            |
|                             |   |                           |                            |
| To be c                     | ompleted by the applicant:  |                           |                            |
|                             | Current Schedule  |                           |                            |
| Period                      | Course Title  | First<br>Quarter<br>Grade | Second<br>Quarter<br>Grade |
| 1                           |   |                           |                            |
| 2                           |   |                           |                            |
| 3                           |   |                           |                            |
| 4A                          |   |                           |                            |
| 4B                          |   |                           |                            |
| 5                           |   |                           |                            |
| 6                           |   |                           |                            |
|                             |   |                           |                            |
| The ret                     | mainder of this form will be completed by Ms Sasser   | after examining you       | ır                         |
| Attenda                     | nce:  |                           |                            |
| Current                     | year absences and/or tardies:   |                           | <b>b</b>                   |
| Grades                      | and Courses:  |                           |                            |
| Number<br>Number<br>Previou | of G/T and AP Courses the student has taken: of cum "A's" in those courses: of cum "C/D/E" grades in those courses: s enrollment in IR or I/M: tive GPA | GIFT                      | TED & ENTED ON PROGRAM     |
| Notes –                     | Grades/Enrollment in internship area of interest  | EDUCATIO                  | ON I ROGRAM                |



### Transcript/Student Records Request Form

| Student Name:  |                              |  |  | Date o  | or Dirtin: _       | /_                  | /   |  |
|--|------------------------------|--|--|---|--------------------|---------------------|---|--|
| Phone: ()  | E-Mail Ado                   | lress:   |  |   |                    |                     |   |  |
| Graduation Year:   | Counselor:                   |  |  |   |                    |                     |   |  |
| Colleges/Universities, Armed Forces, Scholarships, Employers, or Trade/ Technical Schools, NCAA, Internship Programs, Other: | Application<br>Deadline      | Do you need a<br>Counselor Letter of<br>Recommendation?<br>(Yes or No) | Do you need<br>a Secondary<br>School<br>Report?<br>(Yes or No) | Are you<br>using the<br>Common<br>Application?<br>(Yes or No) | For Of             | For Office Use Only |   |  |
|  |                              |  |  |   | Date of<br>Request | Paid                | Date of<br>Student<br>Pick-Up<br>or Mailing |  |
| G/T Intern/Mentor Program  |                              | No   | No   | No  |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
|  |                              |  |  |   |                    |                     |   |  |
| Release of Student Records The law requires that schools receive write records can be released to a third party.             | ten permissio                | on signed by the pa  | arent/guardia  | n before tra  | nscripts an        | d othe              | r student                                   |  |
| I give approval to have transcripts and ot above when a request to do so is made by  | her student ro<br>my son/dau | ecords sent by U.S.<br>ighter.   | Mail or trans  | mitted elect  | ronically to       | those               | e listed                                    |  |
| 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

## UNOFFICIAL TRANSCRIPT REQUEST FORM Unofficial transcripts are free

|  |   |   |   | Date: _   |   |
|--|---|---|---|---|---|
| Name   |   |   |   | Social Sec. #   |   |
|  | Last  | First   | Middle  |   |   |
| _  | No. & Street  |   | City  | State   | Zip   |
| Birthdate  |   |   |   | Counselor   |   |
| Parent/Gua   | ardian Name   |   |   | Phone #   |   |
| records to   | be released:<br>ranscript<br>lost recent report c   | ard(s)  | nt or eligible student, I d   |   | Q   |
|  |   | -   | RELEASE OF RECOR  | DS  |   |
| or by the s<br>college and<br>authority (<br>verbal requ | tudent (if the stude<br>d/or other post-seco<br>parent or student a<br>lest of students, wi | ent is at least 18<br>ondary schools.<br>Is explained about | n permission signed by the<br>years of age) before the s<br>. We have been advised the<br>ove) giving general approvairements of the law. We<br>release will facilitate mee | school may release any tr<br>hat a written notice, sign<br>val of a release of such in<br>recommend use of this p | ranscripts or records to<br>ed by the legal<br>aformation through<br>procedure in lieu of |
| I give   | approval to have to   | ranscripts and t  | he usual school records fo  | orwarded to Ms Sasser for   | or use in   |
| detern   | nining admission in   | nto the Gifted a  | nd Talented Research Pro  | gram.   |   |
| Johns Hop  | kins Hospital, NA   | SA, etc.). If yo  | a copy of the student's aca<br>ur internship requires a co<br>ial transcript for your mer   | ppy of your grades, Ms S  |   |
|  | Parent  | 's Signature  |   | Student'  | s Signature   |

