The Weston Science Scholars Program  
Academic Year 2016

Please print neatly

1. Name:______________________________________________________________      Sex:______  
   first name               middle initial            last  name

2. Address:____________________________________________________________________________  
   no. and street                                                                 apt. #  
   Montclair zip code:____________________  Scholar cell phone #:_____________________________

3. Date of birth:_____________________________

4a. Father’s Full name:______________________________cell-phone:_____________________________

4b. Mother’s Full Name:  ________________________________cell-phone:__________________________

5a Scholar Email Address:___________________________________________@____________________  
   Parent Email Address:____________________________________________@___________________  
   Other Email Address:______________________________________________@__________________  
   (please print very neatly)

6. In case of emergency notify:_________________________________________________________  
   Relation to scholar:___________________Day phone:(      )_________________________________

7. Do you have an Individual Health Plan on file with the school nurse?  _______ All students must  
   be cleared by the nurse for field trips.

8. Have you signed a media release for photos and name recognition to be released to various entities  
   such as the district website, MSU website, New Jersey newspapers and television?.__________

9. STUDENT RESPONSIBILITIES: It s expected that all students accepted into the Weston Science Scholars  
   Program attend and participate in all scheduled activities such as classes, seminars, laboratories, homework,  
   community service, colloquia, and field trip events, etc. If the minimum amount of hours is not met, reduction in  
   credits will result!  A student who does not comply with the Montclair Code of Student Conduct as published in the  
   Montclair High School student handbook will be expelled from the program at the discretion of the directors and the  
   Dean of CSAM, Montclair State University.  
   Date:______________    Student Signature:_________________________________________________

8. PARENT'S CONSENT: My child has my permission to participate in this program.  It is my understanding that  
   she/he will be subject to the Montclair High School Code of Student Conduct as published in the Montclair High School  
   student handbook.  
   Date:_____________   Parent Signature:____________________________________________________

9. Current Math Class:___________________________Teacher:_______________________________

10. Current Science Class:______________________Teacher:___________________________________

11. Did you participate in the Weston Prep program?________________________________________
THE WESTON SCIENCE SCHOLARS PROGRAM

Criteria for admissions to the Weston Science Scholars Program for ninth, tenth and eleventh graders from Montclair High School.

• A serious interest in fields of science and mathematics.

• Superior skills in the disciplines of science and mathematics as evidenced by recent grades or other indicators.

• Excellent written and verbal communication skills, as evidenced through the evaluation of an essay and a formal interview.

• Personal qualities: hard working, responsible, enthusiastic and able to follow directions and work well with others.

• Willingness to participate in some form of community service approved by director and co-director. 20 hours required by December 2, 2016.(Friday)

• This program offers 7.5 high school credits upon completion as a SCIENCE ELECTIVE to be posted on a scholar’s transcript.

Application packages (registration form, science and math recommendation forms and essay question) can be obtained from and returned to Mrs. English at Montclair High School by Friday- February 12, 2016. Forty five scholars will be chosen for this program. Please NOTE: All completed math and science teacher recommendations will be directly submitted to Mrs. Portas or Mrs. English. Each scholar will be scheduled for an interview via email.

Tuition Required: $550.00 by April 8, 2016
Tuition is non-refundable after that date.
The first field trip will take place-April 2, 2016
If the total amount is not paid by this date, students will not be allowed to participate in the program.
Since credits are awarded on contact hours, scholars are permitted to miss NO more than 2 field trips before credits will be deducted.

Please check the Calendar of Events-2016 for dates and times of field trips and activities
• American Museum of Natural History: Saturday, April 2, 2016
• New Jersey Food Bank-Tuesday, March 29, 2016-Community Service
  • Research Component begins
    Monday, June 27, 2016
  • Culminates with Scientific Colloquia
    Wednesday, July 27, 2016
    Thursday, July 28, 2016.

Weston Orientation: Thursday, May 19, 2016
This is the night the scholars meet and choose their mentors.
THE WESTON SCIENCE SCHOLARS PROGRAM

OPEN HOUSE

THURSDAY
JANUARY 14, 2016
Location to be Determined!
7:00 p.m. to 9:00 p.m.

PLEASE USE THE RED HAWK PARKING DECK
Or Metered Stalls in Parking Lot #17

➤ HIGHLIGHTS OF THE PROGRAM
➤ SAMPLE MENTORS DESCRIBE THEIR RESEARCH
➤ QUESTIONS AND ANSWERS

LIGHT REFRESHMENTS WILL BE SERVED

FOR MORE INFORMATION:
CONTACT: LYNN ENGLISH-DIRECTOR
WESTON SCIENCE SCHOLARS PROGRAM
SCIENCE HALL, ROOM 113
OFFICE: (973) 655-5101
englishl@mail.montclair.edu
F.A.Q.
Frequently Asked Questions
About the Weston Program Application Process

1. When does the research component start for the summer of 2016?
The research component begins, Monday- June 27, 2016
The program culminates Thursday- July 28, 2016

2. When are completed applications due?
Completed applications are due by Friday, February 12, 2016
to Mrs. English.

3. What is needed for the completed application?
A. Application page with contact information which will be needed to be
signed by applicant and parent(or caregiver)
B. Written essay
C. Completed media release

4. What about the teacher recommendations?
There are two teacher recommendation forms. One is to be given to
your math teacher and one is to be given to your science teacher. These
forms will be returned directly to Mrs. English for review.

5. If the applicant or parents need further information, please contact
   either:
   Mrs. Lynn English-Co-director Weston program
   973-655-5101 or englishl@mail.montclair.edu

6. Once the application is submitted, applicants will be contacted via
   email indicating date/time for an interview. All interviews will be held in
   the Montclair High School library during the month of March.
   Acceptance letters will be mailed Friday- March 11, 2016
WESTON SCIENCE SCHOLARS PROGRAM

2016 WRITING REQUIREMENT

You will prepare a response to the following collect essay questions. Your essay should be well organized, with cohesive concepts based on honesty, passion and past scientific experiences. The essay should be one page, double spaced, 12 size font and a Times New Roman font face, with a 1.0 inch left margin and 1.0 inch right margin in.

Why do you want to participate in this program? What do you hope to get out of it or achieve? How will this benefit you in the future? What are your expectations both emotionally and academically?

Please be prepared to discuss your essay at your interview!
Student All-Media Consent Form

Before completing this form, please read below

What is the reason for this consent form?

The Montclair Public School District is proud of the accomplishments and activities of its students. At times we may submit student photos, names, and quotes to the local media, use same on our website, social media sites run by the school district, and our cable station. The law (N.J.S.A. 18A: 36-35*) requires that we ask for your permission to use information about your child. This consent form, when completed and signed by the parents/caregivers, authorizes Montclair Public Schools (MPS) to take or use photographs, collect comments and/or creative works, and film/video footage of the student for publicity purposes. This material may be used for:

✓ Media release
✓ Printed publications (school newsletters, brochures, magazines, displays, etc.)
✓ Electronic communications (website, cable TV, PowerPoint and other staff presentations, etc.)

What happens to the consent form once it is completed and signed?

Please return your completed form to your school office. If sending by mail, please send to the following address:

Montclair Public Schools Communications Office 22 Valley Road
Montclair, NJ 07042

The form will be placed in the student’s file and retained by MPS. The information is recorded as part of the student’s record in Skyward (electronic student database).

How long is the consent valid?

The consent is valid for the duration of your child’s enrollment in the District. If you wish to rescind this agreement, you may do so at any time in writing by sending a letter to the principal of your child’s school, and such rescission takes effect upon receipt by the school.

Additional Questions:

Contact the MPS Communications Office at 973-509-4042.

Thank you for your cooperation in helping us to highlight the good work and efforts of our learners and instructors.

Ronald E. Bolandi, Interim Superintendent

ALL - MEDIA CONSENT

This consent pertains to all media: print, online news outlets and any other form of print/electronic media. The consent is for news or community interest only. Commercial use is prohibited without specific Board of Education approval.

Please check one of the following choices:

☐ I/We GRANT permission for my child’s name/photo/image and all other personal identifiers to be published on the school/district’s public Internet site and any other form of print/electronic media and/or print/electronic outlet.

☐ I/We GRANT permission for my child’s name only (no image) to be published in all media outlets as in the above.

☐ I/We GRANT permission for my child’s image only (no name) to be published in all media outlets as in the above.

☐ I/We DO NOT GRANT permission for the use of my child’s name/image in any print or electronic media, including the Internet. I understand that this does not include my child’s name/image from not being used in school-distributed materials such as programs for performances, yearbook, or school newspaper.

Student’s Name (please print) School GR_

ALL - MEDIA CONSENT

Signature of Parent/Caregiver or Student if over 18 years old

Date

ALL - MEDIA CONSENT

Relationship to Student ___________________________ Date ___________________________