

The Chicago Area Health and Medical Careers Programs

Application for

The Young Scientist Program

Please Print:

Name _____
Last First Initial

Address _____
_____ City State Zip

Telephone # () _____ Social Security # _____

Sex: Female: () Male: () Date of Birth _____

Background: Black () Hispanic () Asian ()
White () Native American ()

Parent/Guardian Information:

Name _____
Last First Initial

Address _____
_____ City State Zip

Name and Phone #s of person(s) to contact in emergencies: _____

School Information:

Name of Current School: _____

Address of School: _____

What grade do you expect to complete this June? _____ Year: 19____

TEST SCORES:	
Name of Test: _____	Year Taken: _____
Reading _____	Math _____
Science _____	Composite _____

Any siblings in CAHMCP? _____ If so, # of sisters _____ and/or brothers _____

Do you plan to attend college? _____

If so, what field are you considering as a major? _____

Please write a brief paragraph that explains why you wish to be a "Young Scientist".

When returning your application, please enclose:

1) copies of your grades for the current year, 2) copies of your most recent standardized test results, and 3) 2 letters of recommendation from instructors, principals, or academic mentors.

Students are selected for YSP based on qualifications, recommendations, and/or interviews.

I have read this application and I approve of the applicant's participation in the Young Scientist Program. I assume full responsibility for his/her conduct.

Parent's Signature

Date

Applicant's Signature

Date

For further information about the Young Scientist Program, please call (312)567-5110. Mail all applications to:

**Chicago Area Health & Medical Careers Program
The Young Scientist Program
Commons Building (Lower Level)
3200 S. Wabash
Chicago, IL 60616-3793**