The collaborating educational entities each have a strong commitment to the principle of diversity in all areas. In that spirit, admission to the programs is open to all qualified applicants meeting the guidelines listed below. As may be observed in reviewing the recommended criteria, admission to the programs is competitive.

Important Dates
Priority Deadlines for Admission:

- Application Deadline - May 27, 2011 Last day to submit completed applications.
- Selection of Applicants - June 1-3, 2011

Selection Process - The admissions review committee will consider the following factors with regards to admission:
- Teacher Recommendation
- Student’s Personal Statement/Essay
- Student’s Academic Proficiency (academic proficiency within the core academic courses)
- Student’s Report Card
- A signed and completed program application received prior to the application deadline of May 27, 2011

Application Checklist -
- Completed and signed application
- Personal Statement/Essay
- Teacher Recommendation

Program Requirements
- Student’s will be required to meet the district’s promotion/reclassification requirements (for additional information regarding the policy check your district’s board policy)
- Attendance at all programs must be at or above 90% attendance rate
- Program requirements will be reviewed on an annual basis for each individual student-extenuating circumstances will be considered on a case by case basis
- Students will be responsible for their own transportation to and from The UTSA Main campus (IH 10 & 1604)

UTSA-Office of P-20 Initiatives
Rose Ann San Martin
Project Manager
(210) 458-2767 Voice
(210) 458-2764 Fax
Background Data

(Please Print or Type)

Last Name ____________________________ First Name ____________________________ Middle Name ____________________________ Suffix: Jr./Ill etc. ____________________________

Student Identification Number: ____________________________ Date of Birth: ____________________________
(This will ensure documents will be matched & processed promptly)

Gender: Male _____ Female _____

Current Grade Level: ____________________________ Age: ______

Ethnicity: (Data is used for statistical purposes only and is not considered for admission)
____ Black, African/American ______ Caucasian/White/Anglo ______ American Indian, Eskimo ______ Asian, Pacific Islander ______ Hispanic, Latin, Mexican American, Chicano ______ Other: ____________________________

Permanent Address: ____________________________________________
Street & Number (Apt. #) ____________________________ City ____________________________ State ____________________________ Zip ____________________________ County ____________________________

Mailing Address: ____________________________________________
(if different from above) Street & Number (Apt. #) ____________________________ City ____________________________ State ____________________________ Zip ____________________________ County ____________________________

Home Telephone Number: ____________________________ Cell Phone Number: ____________________________
(Area Code) / Phone Number

Emergency Contact Data:

1. ____________________________________________
Last Name ____________________________ First Name ____________________________ Relation ____________________________

Home Phone Number ____________________________
Home Phone Number (Area Code) ____________________________

Address: ____________________________________________
Street & Number (Apt. #) ____________________________ City ____________________________ State ____________________________ Zip ____________________________ County ____________________________

2. ____________________________________________
Last Name ____________________________ First Name ____________________________ Relation ____________________________

Home Phone Number (Area Code) ____________________________
Cell Phone Number (Area Code) ____________________________

Address: ____________________________________________
Street & Number (Apt. #) ____________________________ City ____________________________ State ____________________________ Zip ____________________________ County ____________________________

Educational Data

School Information: ____________ ISD ____________ ISD ____________ ISD ____________ ISD

Campus Name: ____________________________________________

Please attach/provide us with a copy of your latest report card.
**Personal Statement/Essay:** The applicant must select **one** of the following topics to submit for this section. The personal statement **must be typed** on a separate sheet of paper and attached to the application.

**Topic A:** Describe a specific challenge, opportunity or incident in your life and the impact it has had on you.

**Topic B:** How has technology affected your life? How do you use technology to become a better student? To communicate?

**Topic C:** What is your definition of a role model and give an example of at least one person you consider to be a role model to you.

**Topic D:** What do you hope to learn during summer camp?

**Read carefully and sign** (failure to complete, sign, and date this portion may result in a delay in processing your application for admission).

I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of admission, cancellation, or appropriate disciplinary action. I understand that the University expects a high standard of conduct from its students, and if accepted for admission to the program, I will abide by all rules and regulations of my respective school campus, school district and The University of Texas at San Antonio as set forth in the UTSA Bulletin/Undergraduate Catalog and UTSA Student Handbook. I authorize administrative officials to verify the information I have provided. I agree to notify the proper official of the institution of any changes in the information provided. I grant and authorize administrative officials to use academic information including academic transcripts and assessments in support of this application. Additionally, I understand that such supporting documentation is part of internal/external audits and cannot be returned.

**Applicant’s Signature:** ___________________________ **Date:** __________________

**Parent’s Signature:** ___________________________ **Date:** __________________

Submit all portions of the application by May 27, 2011 to your school counselor. Applications received after the application deadline will not be considered for admission to the program.
Fast Track High School STEM Summer Institute
TEACHER RECOMMENDATION FORM
Note: This form can only be submitted from the Teacher to the Counselor.

Evaluate the student applicant by completing all portions of this form.

Student’s Name: ____________________________

First Name ____________________________________
Middle Initial __________________________________
Last Name ______________________________________

Student Identification Number: ____________________________

Campus Name: ___________________________________________ / ____________________________ ISD

Evaluate the student applicant by checking the appropriate columns listed below.

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Describe briefly the kind and quality of the applicant’s work. In your estimation, what does the student’s work reveal about him or her?

____________________________________________________________________________________________________________________________________________________________________________________________________________________

What major strengths or weaknesses have you noted in the applicant?

____________________________________________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________________________________________

What other insights/comments do you wish to convey to the Admissions Selection Committee regarding the applicant?

____________________________________________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________________________________________
In what capacity and for how long have you known this student?

Teacher Name: ___________________________  Teacher's Signature: ___________________________

Course: ___________________________  Date: ___________________________

Note: This form can only be submitted from the Teacher to the Counselor