



STEM Scholars Application

Name _____ Date of Birth _____

Home Address _____
Street City/Town State Zip

Email Address _____ Phone _____

Intended Major _____

High School Graduating From _____

Highest Level of Math Course _____ (include courses enrolled in for Spring 2010.)

COF College (s) Applying to _____

Please include a letter of reference from a Math or Science teacher. All references must be signed. Recommendations for this scholarship need not be longer than 150 words.

Submit a one-page essay describing your career goals.

Acceptance of this scholarship requires a commitment to the following:

- Attend the STEM Scholars Pre-College Workshops on Monday, Tuesday and Thursdays from 6 – 8 p.m. during August 2010.
- Maintain a 3.0 GPA throughout the college career
- Major in one of the STEM fields (Science, Technology, Engineering or Math). Clinical Sciences will not be considered.
- Participate in three meetings each semester with other COF STEM Scholars
- Meet with assigned Faculty Mentor throughout the program
- Participate in research project or internship appropriate to major during Senior Year
- Utilize available tutors
- Participate in career planning and job search workshops
- Participate in program assessment activities that help Colleges of the Fenway assess the impact of the program.

COMPLETED APPLICATIONS SHOULD BE MAILED TO: Colleges of the Fenway, Inc., 375 Longwood Avenue, Boston, MA 02215.

In signing this form, I am indicating that if I am accepted into this program, I will fulfill the commitments identified above and I also consent to the disclosure of student information records maintained by my college to an authorized representative of the Colleges of the Fenway S-STEM Scholarship Program. This information will be maintained in a confidential manner and will be used only for the purposes of evaluation and program improvement. Use is consistent with the Federal Family Educational Rights and Privacy Act of 1974, or other state or federal laws, regulations, or policies. I understand that this permission may be withdrawn at any time with written notification.

Signature Date _____