Benjamin Carson Science Academy Application
Dept. of Admissions & Student Affairs
Office of Community Relations and Special Projects
Morehouse School of Medicine

Date: _____

Please visit our website at www.msm.edu/admissions/CRSP/crsp/index.htm for more information on BCSA and other CRSP programs.

Student Information			
Last Name:	First:		Middle:
Mailing Address:			Apartment #:
City:	State:	County:	Zip Code:
Permanent Telephone Number:		Temporary Telephone Number:	
Birth Date:	Sex:	Ethnicity:	
Birth City:	State:	Country:	Zip Code:
Current Grade Level:	Student Social Security Number:		
Grade Point Average:	Student I.D. Number:		
Current Math Grade:	Current Science Grade:		
Email Address:			

School Information		
School:	City:	County:
Science Teacher's Signature:		
Feeder Middle School:	Feeder High School:	

Parent Information			
Mother's Name:			
Mailing Address:			Apartment #:
City:	State:		Zip Code:
Home #:	Work #:	Cell#:	Email:
Highest Degree of Education (check one): o Elementary: o Bachelor's Degree: oMaster's Degree: o High School – Diploma or GED (please circle one) o Other:			
Father's Name:			
Mailing Address:			Apartment #:
City:	State:		Zip Code:
Home#:	Work#:	Cell#:	Email:
Highest Degree of Education (check one): o Elementary: o Bachelor's Degree: o Master's Degree: o High School – Diploma or GED (please circle one) o Other:			

Guardian's Name:		
Relationship to Child: (GM-Grandmother, Aunt, Uncle, etc.):		
Mailing Address:		Apartment #:
City:	State:	Zip Code:
Home Number:	Work Number:	

Highest Degree of Education (check one):

o Elementary: o Bachelor's Degree: oMaster's Degree:

o High School – Diploma or GED (please circle one) o Other:

Annual Family Income (check one):

o$ 2,000 - $ 9,999 o$30,000 – $39,999 o $60,000 – $69,999

o$10,000 – $19,999 o$40,000 – $49,999 o $70,000 – $79,999

o$20,000 – $29,999 o$50,000 – $59,999 o $80,000 +

Number of Family Members in the Household:
Age(s) of Child(ren):

Does your child receive free or reduced lunch?

Emergency Contact Person (other than parent or guardian)

Contact's Name:	Home #:	Cell#:	Work #:
Mailing Address:			Apartment #:
City:	State:		Zip Code:
Email:			

How did you hear about the Ben Carson Science Academy?

- o MSM Recruiter
- o Recruitment Flyer
- o Parent Referral
- o Elementary or Middle School Faculty Member
- o Web-site
- o Other (specify): _____

Attach a Recent Photo

Ben Carson Science Academy Test Scores Release Form

Dear Parents:

As a part of this application process, scores from standardized testing are needed. We are asking that if you have the test scores available, that you complete Section One below. If you **do not** have a copy of the scores please request the information from your child's school and forward it to the address below.

Section One: Iowa Test of Basic Skills/Stat 9/ GCRT

3rd Grade Scores		Test Date: (Month/Year):	
Math:	Reading Comprehension:	Grammar Usage:	Science:
Reference Skills:			

5th Grade Scores		Test Date: (Month/Year):	
Math:	Reading Comprehension:	Grammar Usage:	Science:
Reference Skills:			

8th Grade Scores		Test Date: (Month/Year):	
Math:	Reading Comprehension:	Grammar Usage:	Science:
Reference Skills:			

STET Score	SAT Score	ACT Score
Verbal:	Verbal:	English:
Math:	Math:	Math:
English/Grammar:	Total:	Reading:
		Science:
		Average Composite Score:

over

Ben Carson Science Academy Consent/Assent Form

The Ben Carson Science Academy at Morehouse School of Medicine (MSM) is working with young people to increase their interest in science and prepare them for careers in the health professions. As a part of this project, your child will participate in a variety of activities designed to enhance their science skills, teach them about different careers in health and science, and motivate them to pursue a career in the health professions. Please read BOTH the consent/releases below, initial and sign where indicated.

PARENTAL CONSENT and STUDENT ASSENT TO COMPLETE SURVEYS

So that we can continue to improve how we teach and prepare our students, we would like to have students complete several surveys. In particular, your child will take surveys that assess the following: (1) their level of self-esteem, (2) their attitude toward science, and (3) their interest in and knowledge about science and health careers. Each of these three surveys will be taken twice, once at the beginning of the project and once when the project is over. The information that we learn from these surveys will help us design better programs for students who show an interest in health and science.

Your child's completion of any survey is **totally voluntary**. Your child's survey results will be held in confidence and utilized by the Partnerships for Health Professions Education Project and its evaluation team for purposes of tracking the progress of participating children. Your child's name and any other identifying information will be removed from any broader publication of data from the surveys. Your signature below constitutes your consent to such use.

- o I DO give my child permission to complete the surveys described above.
- o I DO NOT give my child permission to complete the surveys described above.

INITIAL

Student Assent

- o I DO understand what I have read and I agree to complete the surveys that have been described.
- o I DO NOT understand what I have read and I do not agree to complete the surveys that have been described.

PHOTO, VIDEO, AND ARTWORK RELEASE

I give the MSM Ben Carson Science Academy permission to use photographs taken of my child and/or artwork my child has done as a part of the activities of the program. I hereby release the Ben Carson Science Academy at MSM and anyone acting through the program or the school from any and all claims which I may have by reason of the publication of these photographs. I grant the Ben Carson Science Academy all rights, titles, and interest in any of the materials described above.

- o I DO give the MSM Ben Carson Science Academy permission to use photographs or videos taken of my child and/or artwork my child has done.
- o I DO NOT give the MSM Ben Carson Science Academy permission to use photographs or videos taken of my child and/or artwork my child has done.

INITIAL

Parent or Legal Guardians Authorization

Signature: _____ Date: _____

Student Signature: _____ Date: _____

Witness: _____ Date: _____

Ben Carson Science Academy

Ethnicity

Please indicate the ethnicity of the candidate applying to participate in the Ben Carson Science Academy.

- O Non-Hispanic
- O Hispanic/Latino

Parental Consent

In our efforts to ensure that the Ben Carson Science Academy sponsored by the MSM Office of Community Relations and Special Projects/Pipeline Programs is successful in impacting the post secondary achievement of the students we serve, we work in collaboration with colleges, universities and other educational agencies that track student enrollment data. This information gives the MSM an ability to report data, anonymously, about the students that matriculate through our programs and the rate of success the programs have on the ability to retain students in the medical and health professions.

- O I **DO** give the MSM Department of Admissions and Office of Community Relations and Special Projects/Pipeline Programs in affiliation with the Ben Carson Science Academy permission to obtain postsecondary enrollment information of current or former participants.
- O I **DO NOT** give the MSM Department of Admissions and Office of Community Relations and Special Projects/Pipeline Programs in affiliation with the Ben Carson Science Academy permission to obtain postsecondary enrollment information of current or former participants.

Notice: This document must be returned with student application in order for the application to be considered complete. Your signature below gives the MSM Department of Admissions and Office of Community Relations and Special Projects/Pipeline Programs permission to request information regarding your students post secondary educational enrollment information.

Parent/Guardian Signature:_____Date_____

Print Name:_____