



Send completed applications to:
(Llene la solicitud y envíela por correo o correo-E, o llévela a)

E- mail: spc-coem@alamo.edu

St. Philip's College
Centers of Excellence for Math & Science
800 Quintana Rd.
San Antonio, TX, 78211

Phone: (210) 486-7119

Motivating & Engaging with STEM Activities (MESA)
July 8th – July 25th, 2024

Application/Registration Form (Solicitud/Registro)

Child's Name (Last, First, MI) (Nombre del niño/a [Apellido, Nombre])		Age (Edad)
Date of Birth (Fecha de Nacimiento)	Grade entering in school year 2024 – 2025 (Grado al que entrara en 2024 – 2025) <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> _____	
Address (Direccion)	City/State (Ciudad/Estado)	Zip Code (Codigo Postal)
Circle one (Escoja una opcion): <input type="checkbox"/> White (Blanco) <input type="checkbox"/> African – American (América – Africano) <input type="checkbox"/> Hispanic (Hispano) <input type="checkbox"/> Asian (Asiático) <input type="checkbox"/> Native American (Nativo Americano) <input type="checkbox"/> Other (Otro)		
Name of High School (Nombre de la Secundaria o Prepatatoria a la que asiste)		School District (Distrito Escolar)
Parent's/Guardian's Name (Last, First, MI) (Nombre del padre/guardian [Apellido, Nombre])		Parent's/Guardian's E-Mail Address (Correo-E del Padre/guardian)
Home Phone (Teléfono de la casa)	Parent's/Guardian's Job's Phone (Teléfono del trabajo de los padres/guardianes)	Parent's/Guardian's Cell Phone (Teléfono celular de los padres/guardianes)

If my child(ren) is(are) accepted into the program, as a parent/guardian I agree to the following:

(Si mi hijo es aceptado en el programa, como padre/tutor estoy de acuerdo con lo siguiente):

- My child has permission to use the Internet and other computer software as deemed part of this St. Philip's College (SPC) program. (Mi hijo tiene permiso de usar el internet y otro tipo de programas software que sean parte de este programa).
- I understand photos/videos may be taken for advertising SPC programs. I acknowledge that I and/or my child(ren) shall receive no compensation for the photographs/videos, and I acknowledge that all negatives and positives, together with the prints, are owned by Alamo Community Colleges District (ACCD) on behalf of SPC. I hereby waive my rights to inspect or approve the finished photographs of printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising out from or related to the use of the photograph. I give permission for my child(ren)'s picture to be used for such purpose. (Entiendo que se tomaran fotografías/video para publicidad de los programas de SPC. Estoy de acuerdo en que mi hijo(s) no recibirán ninguna compensación económica por las fotografíca/video, y que los negativos y fotografías son propiedad de Alamo Community College District (ACCD) por parte de SPC. Por lo tanto, declino el derecho de inspeccionar o aprobar las fotografícas o material electrónico que se use en conjunto con las fotografícas ahora o en el futuro. Doy permiso de que las fotografícas de mi(s) hijo(s) se usen para lo anteriormente especificado).
- I understand ACCD and SPC are not responsible for any personal items (i.e. clothing, games, money, etc.) my child may bring to class. Estoy de acuerdo que ACCD y SPC no son responsables por ningun objeto personal (e.g. ropa juegos, dinero, etc.) que mi hijo traiga al programa.
- I have discussed in appropriate behavior with my child(ren) and I am aware that inappropriate behavior or disciplinary problems will result in dismissal from the program. (He hablado con mi hijo(s) con respecto a un sucomportamiento dentro del programa, y estoy de acuerdo en que una conducta inapropiada puede traer como consecuencia el ser expulsado del programa).

I hereby certify that the above information is true, complete and accurate. (Yo aqui certifico que la informacion anterior es cierta, complete y exacta).

Parent/Guardian Signature (Firma del Padre/Guardian) _____ Date (Fecha) _____



2024 Motivating & Engaging with STEM Activities

MATH/SCIENCE TEACHER

RECOMMENDATION

Applicants Name: _____

Dear Teacher,

This student is seeking acceptance to the **Motivating & Engaging with STEM Activities (MESA)** hosted by the Centers of Excellence for Mathematics at St. Philip's College from July 8th – July 25th, 2024. The Center is looking for future scientists, technologists, engineers and mathematicians. Please provide some sincere insight into this applicant's **behavior, respect, discipline, personality and any other information you believe will be helpful** in aiding to select this summer's MESA participants.

Your input: _____

Identify SPECIFIC STRENGTHS that will contribute to the camp as a whole.

Identify SPECIFIC CHALLENGES that you believe the camp could develop within the student.

Teacher Signature: _____ Printed Name: _____

Subject: _____



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MATH/SCIENCE TEACHER
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Your input:

Identify SPECIFIC STRENGTHS that will contribute to the MESA Summer camp as a whole.

Identify SPECIFIC CHALLENGES that you believe the MESA Summer camp could develop within the student.

Teacher Signature: _____ Printed Name: _____

Subject: _____