

Date Submitted: \_\_\_\_\_



## Program Application 2022-2023

### Program Overview

SF STEM Academy gives youth an opportunity to explore the fields of Science, Technology, Engineering, and Mathematics (STEM) through career exploration, job-readiness training, college preparation advising, and math & science supplemental instruction. During the school year, students receive a stipend for participation. Upon successful completion of the program, youth will be placed in a paid STEM-related summer internship. This program will be virtual this school year.

### Selection Criteria

- ✓ U.S. Citizen or Permanent Resident
- ✓ Currently attending Balboa High School
- ✓ Have barriers to employment as defined by the following: reside in group or foster care, are from CalWORKS eligible families, English Language Learners (ELL), are in the special education system, homeless or under-housed youth, Youth with disabilities, and/or teen parents
- ✓ Need support to meet the SFUSD A-G graduation requirements
- ✓ Demonstrate an interest in one of the STEM fields

**The SF STEM Academy does not operate on a first come, first serve basis.** No single criterion will determine whether or not an applicant will be accepted into the program. The SF STEM Academy does not discriminate against any persons protected under the American Disability Act (ADA). The SF STEM Academy will make all reasonable accommodations to the best of its ability to ensure that people with special needs have an equal opportunity to participate.

**Please return this application to Abdoulie on:**

**August 30th, 2022**

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# Program Structure



The SF STEM Academy is a program of the Japanese Community Youth Council (JCYC) and is funded by the Department of Children, Youth, and Families.

## GENERAL SF STEM ACADEMY YEAR SCHEDULE:

<b>Monday</b>	3-4pm	Workshops
<b>Tuesday</b>	3-4pm	Workshops
<b>Wednesday</b>	Asynchronous Learning (Independent work and/or project)	Check Ins
<b>Saturday</b>	Tentatively 1x month	Field Trip
<b>Summer Internship</b>	7 weeks, 20 hrs. /week	Internship

# **Application Checklist**

- ☐ Student and parent information
- ☐ Motivation Questions
- ☐ Student's Personal Statement
- ☐ Teacher Recommendation Letters
- ☐ Parental Consent Form
- ☐ Emergency Contact & Medical Authorization Form

## **Questions?**

**Senior Program Coordinator: Abdoulie Jallow**

Balboa College Center Room 114

415.509.9248 / [ajallow@jcyc.org](mailto:ajallow@jcyc.org)

SF STEM ACADEMY is a youth workforce program of  
Japanese Community Youth Council (JCYC)

**Student Identification** All information is confidential.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (Month-Day-Year): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

☐ Male ☐ Female ☐ Transgender Student Email address: \_\_\_\_\_

**Student Information**

**1. Social Security #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2. Residency Status:**

☐ US Citizen ☐ Permanent Resident

Permanent Resident #: \_\_\_\_\_

☐ Other: please specify \_\_\_\_\_

**3. Where do you live currently:**

☐ Family ☐ Guardian

☐ One Parent ☐ Foster Home

☐ Group Home ☐ Homeless

**4. Have you ever lived in a group or foster home?**

☐ Yes ☐ No

**5. Are you currently enrolled in ELD (English Language Development) classes?**

☐ Yes ☐ No

**6. Languages spoken in your home**

☐ English only ☐ English and other language(s)

Please Specify: \_\_\_\_\_

☐ Language other than English only

Please Specify: \_\_\_\_\_

## 7. Ethnic Background (Check all that apply)

- ☐ African American ☐ European - Other \_\_\_\_\_
- ☐ Black- Other: \_\_\_\_\_ ☐ Hispanic/Latino - Mexican
- ☐ Asian - Chinese ☐ Hispanic/Latino -South American
- ☐ Asian - Japanese ☐ Hispanic/Latino - Central American
- ☐ Asian - Cambodian ☐ Hispanic/Latino - Caribbean
- ☐ Asian - Filipino ☐ Hispanic/Latino - Other: \_\_\_\_\_ ☐ Asian - Korean ☐ Middle Eastern - Arab
- ☐ Asian - Vietnamese ☐ Middle Eastern - Iranian
- ☐ Asian - Laotian ☐ Native American
- ☐ Asian - Other: \_\_\_\_\_ ☐ Pacific Islander - Guamanian
- ☐ Caucasian/European ☐ Pacific Islander - Hawaiian
- ☐ Multiracial ☐ Pacific Islander - Samoan
- ☐ Decline to state ☐ Other: \_\_\_\_\_

## Additional Student Information

1. Have you ever failed a math or science class? ☐ Yes ☐ No

2. Current GPA: \_\_\_\_\_

3. Activities (Sports, Clubs, Groups, Programs):

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4. English Proficiency: ☐ Fluent ☐ Somewhat fluent ☐ Not fluent

5. Other (check all that apply):

☐ I am a parent ☐ I am disabled ☐ I am enrolled in Special Education

**Motivation Questions** In the space below, neatly write your answers to these three questions

1. Why do you want to be in the SF STEM Academy?

2. Do you think you are doing your best in school? ☐ Yes ☐ No

If yes, how can SF STEM Academy contribute to your success?

If no, how can SF STEM Academy help you do better?

3. What skills are you hoping to learn? What skills do you already have?

Are you willing to participate in 6 hours a week of after school programming, 4-days a week? ☐ Yes ☐ No

Are you willing to participate in once a month Saturday activities?  
☐ Yes ☐ No

Are you willing to participate in a 7-week paid summer internship?  
☐ Yes ☐ No

**Student Certification:**

**If selected as a participant in the SF STEM Academy, I agree to make a commitment to participate in the entire program and conduct myself in a manner that will bring credit to my family, school, community, the SF STEM Academy and myself. I also agree to abide by the rules and regulations as established by the SF STEM Academy.**

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### STUDENT'S PERSONAL STATEMENT

What do you hope to accomplish in your life with the help of SF STEM Academy? How does it relate to pursuing a major or career in a Science, Technology, Engineering or Mathematics (STEM) field?

[illegible]





## **Instructions for Letters of Recommendation**

At SF STEM Academy, we require three letters of recommendations from the following people:

- ☐ The applicant's Math teacher
- ☐ The applicant's Science Teacher
- ☐ The applicant's Counselor

### **Instructions for asking your Mathematics Teacher:**

1. Email your Math teacher with the following subject line - "SF STEM Academy Math Teacher - Letter of Recommendation"
2. Be professional - Introduce yourself, and explain you are interested in joining SF STEM Academy.
3. Once you have introduced yourself, ask kindly if your math teacher can write you a Letter of Recommendation. The letter should talk about or answer the following:
  - a. How long have you known the student?
  - b. How is the student's attendance?
  - c. How is the student's behavior over Zoom?
  - d. In detail, please comment on the student's demonstrated need for academic services provided by SF STEM Academy.
  - e. Evaluations on the student's skills in: math concepts, math computations, and tests/quizzes. f. Please comment on the student's relative strengths, weaknesses, and their potential for benefitting from SF STEM Academy.
  - g. State whether or not you recommend this student.
4. State in your email that they should send the Letter of Recommendation to Abdoulie Jallow ([ajallow@jcyc.org](mailto:ajallow@jcyc.org)) and Olivia Aquino ([oaquino@jcyc.org](mailto:oaquino@jcyc.org)) once they are done.

### **Instructions for asking your Science Teacher:**

1. Email your Science teacher with the following subject line - "SF STEM Academy Science Teacher - Letter of Recommendation"
2. Be professional - Introduce yourself, and explain you are interested in joining SF STEM Academy.
3. Once you have introduced yourself, ask kindly if your math teacher can write you a Letter of Recommendation. The letter should talk about or answer the following:
  - a. How long have you known the student?
  - b. How is the student's attendance?
  - c. How is the student's behavior over Zoom?
  - d. In detail, please comment on the student's demonstrated need for academic services provided by SF STEM Academy.
  - e. Evaluations on the student's skills in: science concepts, science computations, and tests/quizzes. f. Please comment on the student's relative strengths, weaknesses, and their potential for benefitting from SF STEM Academy.
  - g. State whether or not you recommend this student.
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### **Instructions for asking your Counselor:**

1. Email your Counselor with the following subject line - "SF STEM Academy Counselor - Letter of Recommendation"
2. Be professional - Introduce yourself, and explain you are interested in joining SF STEM Academy.
3. Once you have introduced yourself, ask kindly if your math teacher can write you a Letter of Recommendation. The letter should talk about or answer the following:
  - a. How long have you known the student?
  - b. Is the student currently on track to complete admission requirements for either a 2-year or 4-year university?

- c. In detail, please comment on the student's demonstrated need for academic services provided by SF STEM Academy. (if needed)
  - d. Are there any special circumstances (family, financial, etc) that you know of that could affect the student's academic achievement?
  - e. Does the student express interest and motivation towards college?
  - f. Please comment on the student's relative strengths, weaknesses, and their potential for benefitting from SF STEM Academy. (if known)
  - g. Please include GPA if available.
  - h. State whether or not you recommend this student.
4. State in your email that they should email the Letter of Recommendation to Abdoulie Jallow ([ajallow@jcyc.org](mailto:ajallow@jcyc.org)) and Olivia Aquino ([oaquino@jcyc.org](mailto:oaquino@jcyc.org)) once they are done.

**Parental Consent** This page contains **THREE** different permission requests.

### 1. Authorization to Release School Student Records

I hereby authorize Balboa High School to release, upon request by any SF STEM Academy program representative, academic records or attendance records of

\_\_\_\_\_ (name of student) while s/he is a participant of the program. I also authorize any SF STEM Academy representative to discuss with school staff the academic performance of my child.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### 2. SF STEM Academy Media Release

By signing below, I am authorizing the SF STEM Academy and its affiliates to use any pictures or video that may include my child as well as any caption or names associated with the activity. I understand SF STEM Academy cannot offer financial compensation for use of these photos.

I hereby give my consent to all photographs, audio-recordings, program work, and/or video recordings taken of my minor child by staff or authorized designee of the SF STEM Academy, a program of the Japanese Community Youth Council (JCYC). I understand that any such photographs, audio recordings, academic work, and/or video recording become the property of the SF STEM Academy and may be used by the SF Academy, JCYC, or any other organizations authorized by the SF STEM Academy solely for educational, instructional, or promotional purposes determined by the SF STEM Academy in broadcast and electronic media formats now existing or in the future created.

I have read this agreement and fully understand the content hereof. I represent that I am the parent/guardian of the minor indicated and have signed this agreement freely and without any inducement or assurance of any nature.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### 3. Parental Permission to Participate in the SF STEM Academy

By signing below, you are acknowledging the following:

- I am aware of and consent to my child's participation in the SF STEM Academy
- I consent to my child's participation in any evaluations of the program
- I give permission to the SF STEM Academy to contact me regarding my child's participation

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Youth Commitment

By signing below, you are acknowledging the following:

- I am committing to attend all workshops and working all of my scheduled hours during the school year and summer.
- I am aware that I will be expected to exhibit professionalism, punctuality, and responsibility throughout the program.

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# **Emergency Contact & Medical Authorization Form**

## **Participant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
M.I. \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth (Month-Day-Year): \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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## **Parent/Guardian Contact Information**

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Home Phone Number: _____	Home Phone Number: _____
Work Phone Number: _____	Work Phone Number: _____
Cell Phone Number: _____	Cell Phone Number: _____

## **Alternate Emergency Contact**

Full Name: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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## **Doctor's Contact Information**

Full Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## **Medical History**

Please list any known allergies to any medications or food products:

\_\_\_\_\_

Please list any known medical conditions that SF STEM Academy should be aware of:

\_\_\_\_\_

\_\_\_\_\_

Please list any special medical treatment instructions and names of medications that are taken regularly:

\_\_\_\_\_

\_\_\_\_\_

Should it be necessary for my child to have medical treatment while participating in any SF STEM Academy program activities, I hereby give SF STEM Academy/JCYC staff permission to use their judgment in obtaining medical services for the child. I also give permission to the physician to exercise his/her judgment in providing appropriate medical services. While all reasonable precautions will be taken to insure the safety of my child in all SF STEM Academy program activities, I understand that the SF STEM Academy and its staff cannot be held responsible for the accidents that might occur to my child in any of the activities at workshops, work or during field trips. I hereby hold JCYC, SF STEM Academy of its staff harmless of any liability throughout the duration of the program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_