2. List your current extracurricular activities (clubs, teams, etc.).

3. List your experiences with scientific research, internships, and/or programs.

4. List academic honors received.

5. Describe your computer skills (IBM, Macintosh, Apple II).

6. **PERSONAL ESSAY:** Type, on a separate sheet, an essay describing your interest in science and/or mathematics, career goals, motivation, and reasons for wanting to participate in the 9-12 CERTL Research Program (1-2 pages).

I hereby certify that the information on this form has been provided in consultation with my parent or guardian. If selected, I pledge to fulfill all of the requirements of the 9-12 CERTL Research Program.

Signature of Student: ___________________________________________ Date: ________________________

Signature of Parent/Guardian: ___________________________________ Date: ________________________

Please mail completed application postmarked by **February 18** with two letters of recommendation, current high school transcript, and personal essay to:

**9-12 CERTL Research Program**
**CERTL Office**
Wake Forest University School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157
(336) 713-7725
Fax: (336) 713-7701

Late applications will be considered only if space is available.
The 9-12 CERTL RESEARCH PROGRAM was established to increase interest in science and mathematics research among high school students. The program provides hands-on research experience with distinguished faculty from Winston-Salem State University and Wake Forest University School of Medicine. Students will develop, design and conduct a science or mathematics research project with the guidance of a faculty mentor. Minority students are encouraged to apply.

**Goal:**
The collaborative effort of Winston-Salem State University, Wake Forest University School of Medicine, and the Winston-Salem/Forsyth County School System seeks to stimulate interest in mathematics and science-related research.

**Qualifications:**
Students must be:
- in the ninth, tenth, eleventh, or twelfth grade.
- in satisfactory academic standing.
- highly motivated to learn science and/or mathematics.

**Requirements:**
Complete and submit the application with the following:
- a current high school transcript.
- two letters of recommendation. These letters should come from a science teacher, mathematics teacher, and/or a guidance counselor.
- a personal essay which describes your interest in science and/or mathematics, career goals, motivation, and reasons for wanting to participate in the 9-12 CERTL Research Program.

**Logistics:**
The 6 week program begins June 25 and continues through August 3. Students are expected to be available to work with their faculty mentor and participate in planned activities from 8:00 a.m. - 5:00 p.m. each weekday. During the last week of the program, students will work on presenting their projects. Students must provide their own transportation. A program stipend based on the number of hours worked will be provided for each participant.

A personal interview will be required for potential candidates.

**Projects:**
Students will have the opportunity to engage in a research project that they have developed and implemented under the mentorship of a Winston-Salem State University or Wake Forest University School of Medicine faculty mentor. Students will present their research at the end of the program during the CERTL Student Research Symposium.

**Activities:**
In addition to research work, students will participate in other activities which include scientific colloquia, computer instruction, research paper writing, and scientific instrument training.

**Location:**
Research work will be conducted at Winston-Salem State University or Wake Forest University School of Medicine. For more information, contact the CERTL Office at 713-7725.

**Note:** Being recommended by your teacher does not guarantee that you will be selected for the program.

Students who are accepted will be notified by April 23.

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**APPLICATION FORM**
9-12 CERTL Research Program
Wake Forest University School of Medicine and Winston-Salem State University

Name: ___________________________ Social Security #: _________
Home Address: ___________________________ Phone #: ( ___ ) ________
City: ___________________________ State: ___________ Zip: ___________
Gender: [ ] Male [ ] Female Birthdate: ___________________________ Age: ___________
Ethnic Group: [ ] Hispanic [ ] Native American [ ] Caucasian American [ ] African-American [ ] Asian-American [ ] Other (Specify): _________
Do you have, or have you had, any serious illness, physical disability, chronic illness or significant allergy? [ ] Yes [ ] No
If yes, describe: ________________________________________________________________
Dietary Concerns: ______________________________________________________________

School Name: ___________________________ Current Grade: ___________
Science Teacher: ___________________________ Mathematics Teacher: ___________________________
Guidance Counselor: ___________________________ Principal: ___________________________
Have you attended other programs sponsored by WFUSM or WSSU? If yes, indicate which program and the date of participation:
__________________________________________________________
Have you applied to other programs sponsored by WFUSM or WSSU? If yes, indicate which program and the date of application:
__________________________________________________________
From whom did you receive this application? (student, friend, teacher, counselor, parent, previous participant, etc.) Please write the name of the person:
__________________________________________________________________________
__________________________________________________________________________

Father's Name: ___________________________ [ ] Living [ ] Deceased
Education: ___________________________ Occupation: ___________________________
Mother's Name: ___________________________ [ ] Living [ ] Deceased
Education: ___________________________ Occupation: ___________________________
Number of Siblings/Ages: Brothers: ___________________________ Sisters: ___________________________
Have any of your siblings enrolled in or attended college or professional schools? [ ] Yes [ ] No If yes, please list schools:
__________________________________________________________________________
__________________________________________________________________________

In event of an emergency, contact (name, relationship, address, and day phone number):
__________________________________________________________________________
__________________________________________________________________________

1. Research Interests: (Please check all that apply)
   - Science and related topics
   - Mathematics and related topics
   - Other (specify):
   ___________________________
   (Location: WSSU and WFUSM)
   ___________________________
   (Location: WSSU)
   ___________________________