



## **ASPIRE Program Student Application**

### **STEPS TO COMPLETE APPLICATION:**

STEP 1: DOWNLOAD AND COMPLETE THIS APPLICATION

STEP 2: PRINT COMPLETED APPLICATION AND ALL OTHER REQUIRED DOCUMENTS

STEP 3: THE STUDENT APPLICANT AND PARENT/LEGAL GUARDIAN MUST SIGN, BY HAND, THE ASPIRE PROGRAM TERMS AND AGREEMENT FORM USING BLUE OR BLACK INK.

WITHOUT PARENTAL/ LEGAL GUARDIAN CONSENT THIS APPLICATION CANNOT BE PROCESSED.

STEP 4: CONFIRM THAT YOU HAVE ALL THE REQUIRED DOCUMENTS AND THAT YOUR APPLICATION IS COMPLETE THEN MAIL YOUR APPLICATION PACKAGE TO THE ASPIRE PROGRAM OFFICE

PROGRAM OFFICE LOCATED AT:  
ASPIRE PROGRAM OFFICE  
c/o Chairman's Office (Dr. Andrew White)  
1465 S. Grand Blvd.  
Room 1203  
St. Louis, MO 63104

**PLEASE NOTE THAT YOUR COMPLETE PACKAGE MUST BE RECEIVED, BY MARCH 14, 2025**

**Application Fee: \$25, made out to ASPIRE Program**

IF YOU HAVE QUESTIONS ON HOW TO FURTHER COMPLETE THIS APPLICATION PLEASE EMAIL

[ASPIRE@ssmhealth.com](mailto:ASPIRE@ssmhealth.com) OR CALL (314) 577-5606.

## ASPIRE Program Student Application

A. First Name: \_\_\_\_\_

B. Middle Name: \_\_\_\_\_

C. Last Name: \_\_\_\_\_

D. Email: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_\_ Phone number: \_\_\_\_\_

Home Street: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E. Full High School Name: \_\_\_\_\_

Principal: \_\_\_\_\_ Principal's E-mail (**MANDATORY**): \_\_\_\_\_

F. Emergency Contact and telephone: \_\_\_\_\_

G. Do you have any significant medical condition(s) that faculty and staff should be aware of?

Yes

No

If yes, please describe in detail:

\_\_\_\_\_

H. Indicate the level of your current interest in science and mathematics:

I am committed to a career in science and/or math.

I am highly interested in science and/or math.

I am moderately interested in science and/or math.

I could be convinced to be interested in science and/or math.

I like science and/or math but I am currently more interested in: \_\_\_\_\_

I. List activities (outside of regular class work) that reflect your interests. Include hobbies.

\_\_\_\_\_

J. Detail activities based on problem solving or creative efforts: mathematics, science, computer projects, participation in science fairs, JSEHS, MJAS, or JETS, badges in 4-H and Scouts, attendance at science or math programs, etc.

\_\_\_\_\_

\_\_\_\_\_

K. What is your cumulative grade point average (weighted or unweighted)? \_\_\_\_\_

L. List school organizations and activities in which you are involved. Mention leadership positions you have held.

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M. List awards, honors or recognition you have received in and/or out of school:

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N. What size t-shirt do you prefer?

- Small
- Medium
- Large
- X-Large
- XX-Large

O. Do you have any dietary restrictions? If so, please list **any and all** dietary restrictions so that we may plan accordingly:

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P. Student Essay: Type a one-page essay on one of the following topics:

- A. The science or research project that you would personally like to do.
- B. A particular problem in science that you feel needs to be addressed.
- C. Your relationship as an individual to society, science and/or technology.
- D. Something you feel is of particular importance or significance to society.

Q. Test Scores: Please submit test scores taken (PSAT, SAT, PACT, ACT, etc.), if available

R. Recommendation Letter: From your teacher, counselor or principal.

**Program Fee: \$3,000. Payable only upon acceptance into the program.**

## ASPIRE PROGRAM TERMS AND AGREEMENT

We/I hereby grant permission, as parent or guardian of the student, \_\_\_\_\_, for his/her name to be placed in nomination for acceptance to the Advancing Student Participation in Research Excellence (ASPIRE) hereafter known as Program. We also agree and attest to the following pertaining to the above-named student.

1. **We agree to adhere to the rules and regulations of the Program concerning the responsibilities of the student to the activities of the Program. We understand that the Director has the right to dismiss, at any time, any student whose behavior is not consistent with the goals and standards of the Program. Only three UNEXCUSED days are allowed. If there are four unexcused days, dismissal from the program will occur. Health issues or a death in the family are the only exceptions.**
2. We give permission for release of all pertinent school data to the ASPIRE Program for the purpose of selecting students to attend the Program.
3. We understand that transportation to and from the Program activities must be arranged by the student and/or family. We further understand that in case of problems of illness, disruptive behavior, or other unforeseen circumstances, we will be responsible for the transportation home at any time when Program officials deem such dismissal necessary for the benefit of the student or others in the Program;
4. We affirm that the student does not use non-prescription addictive drugs, including alcohol and nicotine;
5. We understand that it may be necessary for Program officials to obtain emergency medical assistance in case of accident or sudden illness. We further understand that, in case of accident or illness, we accept responsibility for costs of medical care over and above the limited care provided by Student Health Services. We hereby hold the Program and its agents and representatives harmless in the exercise of this authority;
6. We understand that the student will have access to the internet computer network, and other similar information electronic networks and give consent for their use and accept all of the liabilities and responsibilities associated with the diversity of informational sources and resources associated with their use and possible misuse;
7. We give permission for our student to be taken on field trips, on and off campus, and retain responsibility and liability for their welfare;
8. We agree that the student will participate in the completion of questionnaires and other appropriate research projects done as part of the Program's evaluation. We also agree that photographs, electronic imagery and sound of our student taken during the Program, papers written by him/her during the Program, and similar items may be used by the Program in reports, public information materials and on our website. We further agree to allow the Program to release for educational purposes photographs and video recordings, with or without audio, of activities and projects involving the student;
9. We agree that so-called directory information about the student, including student's name, address, cell phone number, school, year in school, and name(s), address, and phone number of parent(s) or guardian(s) may be released at the discretion of the Program administrative staff;
10. We understand that participation in the Program will require a substantial time commitment and are willing to make attendance, full participation at all academic and social activities, as well as payment of all fees our first priority. More information about the program fees will be provided upon acceptance into the ASPIRE program;
11. We acknowledge that upon acceptance and participation in the ASPIRE six-week program that we recognize that we will also be agreeing to register and required to pay an additional fee. More information about the fees will be provided upon acceptance into the ASPIRE program.
12. We certify that the information on this application is complete and accurate and that we concur with these statements and will abide by the agreements and fulfill the commitments specified and implied by this application.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/ Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WITHOUT PARENTAL/LEGAL GUARDIAN CONSENT, THIS APPLICATION CANNOT BE PROCESSED.**

## Recommendation Form

**Must be received in the ASPIRE office before Match 14, 2025**

**Applicant:** Please complete section A below before giving this form to your teacher, counselor or principal.

**Recommender:** Please complete section B and email this form **and** the requested letter of recommendation to ASPIRE@ssmhealth.com. If unable to send electronically, hard copies must be received in our office **NO later than March 14, 2025:** ASPIRE Office, 1465 S. Grand Blvd., Room 1203, St. Louis, MO 63104

**Section A (please print clearly):**

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

**Section B (please print clearly):**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Please rate this applicant relative to your other students:

	<b>Poor</b> Lowest 50%	<b>Fair</b> Next 20%	<b>Good</b> Next 20%	<b>Excellent</b> Next 5%	<b>Outstanding</b> Highest 5%	Unable to Judge this Student
Academic Performance						
Intellectual Potential						
Motivation to conduct STEM research						
Ability to use independent judgment						
Ability to follow protocol and procedures						
Ability to work well in a group						
Dependability and reliability						

**Please comment on the student applicant's academic strengths and weaknesses, giving your estimate of their potential for successful study and research. Please comment on other scholarly factors that bear on the applicant's ability to complete this program.**

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

## **ASPIRE STUDENT APPLICANT CHECKLIST**

- ✓ Completed ASPIRE Student Application
- ✓ Signed ASPIRE Program Terms and Agreement Form
- ✓ Test scores of all standardized tests taken (PSAT, SAT, PACT, ACT, etc.)
- ✓ One-page essay
- ✓ Completed and Submitted Teacher Evaluation & Letter of Recommendation

IF YOU HAVE QUESTIONS, PLEASE EMAIL [ASPIRE@ssmhealth.com](mailto:ASPIRE@ssmhealth.com)

OR

CALL (314) 577-5606.

THANK YOU FOR YOUR INTEREST IN THE ASPIRE PROGRAM!