

Student Mentorship Program - APPLICATION

Nurturing the Next Generation of Scientists

FOR IOWA'S JUNIOR HIGH AND HIGH SCHOOL SCIENCE STUDENTS



STUDENT NAME: _____ DATE: _____

STUDENT ADDRESS: _____ CURRENT GRADE: _____

CITY, STATE, ZIP: _____

STUDENT E-MAIL: _____

STUDENT PHONE: _____

TEACHER/MENTOR: _____

TEACHER/MENTOR PHONE: _____

TEACHER/MENTOR E-MAIL: _____

SCHOOL NAME: _____

SCHOOL PHONE: _____

What is Your Project?

PLEASE INCLUDE THE FOLLOWING INFORMATION FROM YOU AND YOUR SCHOOL MENTOR:

PROJECT DESCRIPTION: _____

PROJECT OBJECTIVES: _____

TESTING DESIRED: _____

BACKGROUND INFORMATION: _____

LITERATURE OR OTHER REFERENCES USED FOR PROJECT: _____

OTHER PERTINENT INFORMATION: _____

Please send your application to internship@shl.uiowa.edu.