

RET Site:

# Nanotechnology for Health, Energy & the Environment

## PROGRAM APPLICATION



*Program Dates: May 29 – August 3, 2018 (but can be flexible based on school year)*

**Priority Application Deadline: April 2, 2018**

This application form, your personal statement and letters of recommendation will be used as criteria for selection. Please review the application carefully. Please print legibly or type your responses.

### PART I – DEMOGRAPHIC INFORMATION

Full Legal Name: \_\_\_\_\_ Gender:  Female  Male  
*Last, First Middle*

Date of Birth (MM/DD/YY): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship:  US Citizen (born or naturalized)  US Permanent Resident; Registration # \_\_\_\_\_  
 Other (Please specify birthplace: \_\_\_\_\_)

To help us determine the degree to which diverse segments of the population are served by this program, please indicate your gender and ethnicity. Participants will be selected on merit, regardless of race, religion, national origin, or gender. Completion of this question is voluntary:

Ethnicity:  Black or African American  Hispanic/Latino  Alaskan Native  
 Pacific Islander (Micronesia, Guam, etc)  Caucasian  Native American  
 Asian (Filipino, Indian, Chinese, etc)  Multi-Ethnic (Please specify \_\_\_\_\_)

Home/Permanent Mailing Address:

\_\_\_\_\_  
*Number and Street Name City, State ZIP Code*

Daytime Telephone #: \_\_\_\_\_ Evening Telephone #: \_\_\_\_\_

Preferred Email Address (please double-check for clarity): \_\_\_\_\_

Personal website URL: \_\_\_\_\_

### PART II – EDUCATIONAL & SCHOOL INFORMATION

#### COLLEGE/UNIVERSITY INFORMATION

Undergraduate Institution: \_\_\_\_\_ City, State: \_\_\_\_\_

Major(s): \_\_\_\_\_ Graduation Date (MM/YY): \_\_\_\_\_ GPA: \_\_\_\_\_/4.0 scale

Minor(s), if applicable: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_/4.0 scale

Graduate Institution(s): \_\_\_\_\_ City, State: \_\_\_\_\_

Degree(s): \_\_\_\_\_ Graduation Date (MM/YY): \_\_\_\_\_

#### SCHOOL INFORMATION

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

School Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

School telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of school  Public District High/Junior High  Public Magnet High/ Junior High  
 Private High/Junior High  Other \_\_\_\_\_

Years of Teaching \_\_\_\_\_ Number of years at the present school: \_\_\_\_\_

Number of students enrolled in your school \_\_\_\_\_

Describe the demographics of your school and your specific students. \_\_\_\_\_

Subject(s) and grade(s) taught: \_\_\_\_\_

\_\_\_\_\_

Currents Teaching Certification areas: (Please list subject, grade level, state where certified and include any additional endorsements) \_\_\_\_\_

\_\_\_\_\_

Date of Last certification: \_\_\_\_\_

Can you provide to us sample curriculum that you have authored?  Yes  No

If yes, please include a modest sample (2-3 pages max) with your application

Please list the types of extra-curricular activities that you have chaired/participated in to engage the science learner: \_\_\_\_\_

\_\_\_\_\_

Please list additional workshops, seminars, or conferences that you have attended to assist in your teaching: \_\_\_\_\_

\_\_\_\_\_

Please list any academic awards/honors that you have received for your teaching \_\_\_\_\_

\_\_\_\_\_

Please list any professional memberships \_\_\_\_\_

\_\_\_\_\_

Please describe your teaching style. Specifically, list an example of what you do in the classroom to engage your students in the subject areas taught \_\_\_\_\_

\_\_\_\_\_

### PART III – LETTERS OF RECOMMENDATION

Please provide two letters of reference. Specifically, we would like a letter of reference from a current administrator/department head or principal and a fellow teacher. Letters from a parent of one of your students or from a former student will also be considered. Please note, we may (at random) contact your references. If possible, letters of reference should be sent to the address at the bottom of this application.

*Provide the following info from whom you are requesting letters of recommendation.*

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

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**PART IV – RESEARCH BACKGROUND**

Please briefly describe your research interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any previous research experience?  No, the Nanotechnology RET would be my first research experience  
 Yes, I've had the following research experience(s):

<i>Research Project Name/Topic</i>	<i>Research Program Name/Location</i>	<i>Approximate Dates of Research</i>

Have you participated in a different RET program? If so, please name your advisor, provide contact information, and describe your project \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART V – PERSONAL STATEMENT**

Please provide a separate document (1-3 typed pages) that highlights your interest in the 2011 RET Nanotechnology at Stony Brook University. Be very clear as to how the RET summer experience at Stony Brook University can enhance your teaching and your student learning. Your statement should include a description of the following:

- What concepts in nanotechnology do you expect to learn from this experience
- How do you plan to apply these research concepts to teaching in your classroom
- Your specific research interests (Clearly stated interests are crucial in determining an appropriate faculty match); if possible explain how a particular research area will impact your teaching and impact your curriculum
- Details about any relevant research experience you have had in an academic or work setting;
- How this program will contribute your student learning.
- Why do you believe the students at your school need exposure to the field of nanotechnology.
- The qualities you possess that you think will contribute to the RET 2011, benefitting the program and the other participants.
- RET expectations

**PART VI – VERIFICATION**

The RET program is dependent upon a commitment of 9-10 weeks (5 days/week) of continuous employment. Will you be able to meet this requirement?  Yes  No

**Certification:** I hereby certify that the information provided by me on this application is true and complete. Further, I understand that my participation in the RET Nanotechnology at Stony Brook University may be denied if any information is found to be false.

Printed Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

**Application Checklist:** For best consideration, each of the following items must be received by the RET office by the application deadline. Please confirm your submission of the following:

- A completed and signed application
- 1-3 assay as described in Part VI
- Letters of recommendation
- CV (optional)
- Curriculum sample (optional)
- You may provide any other material that may assist in processing your application (optional)

**Please tell us how you heard about the RET Nanotechnology at Stony Brook University:**

- Stony Brook University website
- Other Stony Brook University website
- Faculty Colleague at your school
- Faculty Colleague at another school
- Professor
- Supervisor
- Friend/Peer
- Family
- Flier at a Recruiting Event
- Other: \_\_\_\_\_

**Thank you for applying to the RET Nanotechnology! Please submit application materials and direct all inquiries to:**

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Stony Brook University  
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Email: gary.halada@stonybrook.edu