

SJB's GENESIS Program
Level 1 Application
2019-2020

APPLICATION DEADLINE:
THURSDAY, FEBRUARY 28
RETURN TO: The Genesis Lab
(Second Floor in the Library)

Student Name:	First: _____	Last: _____
Home Address:	Street: _____	
	City: _____	Zip Code: _____
Student Email:	_____	
Home Telephone:	(_____) _____ - _____	

Parent or Guardian:	_____	
Address (if different) Street:	_____	
	City: _____	Zip Code: _____
Home Telephone (if different):	(_____) _____ - _____	
Parent Cellphone:	(_____) _____ - _____	
Parent email:	_____	

Parent or Guardian:	_____	
Address (if different) Street:	_____	
	City: _____	Zip Code: _____
Home Telephone (if different):	(_____) _____ - _____	
Parent Cellphone:	(_____) _____ - _____	
Parent email:	_____	

GENESIS students must be able to work independently, manage their time, meet with the program director and mentors, and communicate through the program website and email. Please answer the following questions:

1. Do you have a computer with Internet access at home? [] Yes [] No
2. What after school activities are you involved with now or plan to be involved in next year?
 - A. School Sports: _____
 - B. School Clubs: _____
 - C. Community Organizations: _____
 - D. Community Sports Teams: _____
 - E. Religious Organizations: _____
 - F. Work: _____
 - G. Other: _____
3. GENESIS students attend a program class each cycle meaning you will be excused from a different regular class from time to time. However, you will not be excused from the work required by those classes. Do you feel comfortable being able to commit to such a schedule? [] Yes [] No

4. GENESIS is not an extracurricular activity. It is an additional class, with its own assignments and projects, in which you will receive a report card grade. Briefly describe your ability to manage both your traditional coursework and the work you will receive in GENESIS.

5. In the GENESIS program you will be required to complete your own unique research project. This may require the use of facilities outside of St. John the Baptist. If this is necessary, will transportation to these facilities (local colleges, universities, etc.) be a problem? Yes No

If yes, please explain:

6. Submit an essay of no more than two pages, double spaced explaining why **you** should be selected for the SJB's GENESIS program.

Your FULL Application Packet includes:

- a. This document
- b. Your essay
- c. Three teacher recommendations (see attached) Give them to your Science, Math, and English teachers. List their last names below. Teachers should return the forms to **YOU** to include in your application packet. Recommendations must be placed in a sealed envelope with teacher's signature written over the seal.

Science Teacher _____ Math Teacher _____ English Teacher _____

The Packet must be returned in a **SEALED ENVELOPE** no later than **Thursday, February 28**. Please deliver the packet to **The Genesis Lab, 2nd floor in the Library**.

****Please note: Genesis Level 1 includes a summer introduction component. The anticipated dates for this summer are Thursday, June 27 and Friday, June 28 from 9-11am at SJB.**

Student and Parent Declaration:

I submit this application with an understanding of the commitment involved in the GENESIS program, with accurate and truthful information.

Student signature: _____

Parent signature: _____

SJB's GENESIS Program

Level 1 Application

2019-20120

Dear Teacher:

This application will be helpful in choosing a limited number of students for the high school GENESIS program. Students for this course are expected to be accelerated in Math, Science, and English and be the type of student who can manage their time well, work independently, and not require prompting to complete assignments.

Please fill out the form below. In the space beneath the chart on the following page, please focus on strengths, weaknesses, and any areas of concern regarding the candidate. This last part of the evaluation is of incredibly high importance in determining the selection of the applicants. **Your honest feedback is highly appreciated.** Once completed, please place in a sealed envelope and sign your name across the seal. **Return the recommendation to the student** so that they can have their Application Package completed by the deadline, **Thursday, February 28.** Thank you so much for your time!

Science Teacher Evaluation Form

Student's Name _____

Teacher's Name _____ e-mail _____

Teacher Signature _____ Date _____

Background Information:

What are the first words that come to your mind to describe this student?

How would you describe this student's ability to work independently, manage time, and complete assignments reminders?

Based on your observations and the student's work in your class, describe the student's ability to synthesize information, develop hypothesis, design solutions, and/or make cognitive connections.

Science Skills: on a scale of 1-5 with 5 being the highest, please rate this student on the following lab skills:

- | | | |
|--------------------------------|--|---|
| 1 2 3 4 5 following directions | | 1 2 3 4 5 responsibility |
| 1 2 3 4 5 leadership | | 1 2 3 4 5 following safety procedures |
| 1 2 3 4 5 independent work | | 1 2 3 4 5 natural curiosity and inquisitiveness |

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Math Teacher Evaluation Form

Student's Name _____

Teacher's Name _____ e-mail _____

Teacher Signature _____ Date _____

Background Information:

What are the first words that come to your mind to describe this student?

_____	_____
_____	_____
_____	_____

How would you describe this student's ability to work independently, manage time, and complete assignments reminders?

Based on your observations and the student's work in your class, describes the student's ability to synthesize information, develop hypothesis, design solutions, and/or make cognitive connections.

Mathematical Problems: on a scale of 1-5 with 5 being the highest, please rate this student on the skills:

1 2 3 4 5 'outside the box'/creative thinker	1 2 3 4 5 understanding of modeling
1 2 3 4 5 understanding of algebra	1 2 3 4 5 success at problem solving
1 2 3 4 5 understanding of probability/statistics	1 2 3 4 5 ability to apply concepts to reality

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English Teacher Evaluation Form

Student's Name _____

Teacher's Name _____ e-mail _____

Teacher Signature _____ Date _____

Background Information:

What are the first words that come to your mind to describe this student?

_____	_____
_____	_____
_____	_____

How would you describe this student's ability to work independently, manage time, and complete assignments reminders?

Based on your observations and the student's work in your class, describes the student's ability to synthesize information, develop hypothesis, design solutions, and/or make cognitive connections.

English Skills: on a scale of 1-5 with 5 being the highest, please rate this student on the following lab skills:

1 2 3 4 5 writing mechanics	1 2 3 4 5 use of appropriate writing styles
1 2 3 4 5 sentence fluency	1 2 3 4 5 clarity of writing
1 2 3 4 5 vocabulary & grammar	1 2 3 4 5 proofreading/self-editing/detailed

