



## **Georgia Tech Microsystems Packaging Research Center Summer Research Experience for High School Students**

Summer Research Experience for High School Students is a National Science Foundation (NSF) sponsored activity dedicated to introduce students to technological fields such as microelectronics packaging through research experience and familiarize them with careers in engineering. Participation is restricted to rising 11<sup>th</sup> & 12<sup>th</sup> grade students from Metro Atlanta area. The duration of the program is eight weeks, June 16 – August 8. Accepted students will be assigned to work on a research project together with undergraduate and graduate students in one of the labs of the Microsystems Packaging Research Center at Georgia Tech. Participating students will be paid hourly by the Center.

### **Program Focus:**

- Gain research experience in an engineering research laboratory.
- Interact with undergraduate and graduate students and faculty.
- Develop teamwork skills.
- Write a report on lab experience.

For further information, contact:

Leyla Conrad, PhD

Associate Director, Education

Phone: 404 385-0439

e-mail: [leyla.conrad@ee.gatech.edu](mailto:leyla.conrad@ee.gatech.edu)

Early completion and submission of application package is strongly recommended. The application package should contain:

- Application Form
- Student's current resume
- Student's academic transcripts

All completed files must be postmarked on or before **May 1, 2003**, mailing address is:

Dr. Leyla Conrad  
Microsystems Packaging Research Center  
Georgia Institute of Technology  
813 Ferst Drive, NW  
Atlanta, GA 30332-0560

### **DAILY SCHEDULE**

Students are expected to work 8 hours a day, 40 hours a week. The recommended schedule is 8:30 AM – 5:30 PM and can be flexible upon the consent of the immediate supervisor.

### **BUZZ CARD**

Each student will receive a Georgia Tech photo identification card (Buzz Card). The card can be used to gain access to secure lab facilities, athletic center and library.

### **LUNCH**

Students are not permitted to leave the campus anytime during the work hours including for lunch. Therefore, they can either bring their lunch from home or eat in the Georgia Tech Student Center. A variety of campus eateries are located in the Student Center including Chick Fil-A, Burger King, and Pizza Hut.

### **HEALTH INSURANCE AND MEDICAL PROCEDURES**

First aid kits for minor injuries are available in the research labs. Students requiring medical assistance for any injury other than a minor cut will be transported by ambulance to the nearest appropriate treatment hospital as determined by ambulance personnel. **All students attending Summer Research Experience program must have health insurance. Health information forms are included in the forms packet and should be returned prior to the start of the program.**

# Application Form

## Student Information (please type or print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Home e-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_

Science classes you have taken in high school \_\_\_\_\_

Grade Level – Fall 2003

- 10  
 11  
 12

Have you attended any other Summer  
Research program in the past? \_\_\_\_\_

- Yes when \_\_\_\_\_  
 No

Gender

- Female  
 Male

## School Information

Current School \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School System \_\_\_\_\_

Type of School: Public  Private  Parochial  Home School

## Parent Information

Mother's/guardian's name: \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone number: \_\_\_\_\_

Father's/guardian's name: \_\_\_\_\_

Occupation \_\_\_\_\_ Work phone number: \_\_\_\_\_

To the best of my knowledge all of the above information is correct. If accepted, I agree to attend this program.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Summer Research Experience for High School Students  
Teacher Recommendation Form**

**Student's Name** \_\_\_\_\_

**School** \_\_\_\_\_

**Current Grade**       10<sup>th</sup>       11<sup>th</sup>       12<sup>th</sup>

The above-named student is applying for Georgia Tech's 2003 **Summer Research Experience** program at the Microsystems Packaging Research Center. This program is open to students currently enrolled in the 10<sup>th</sup> or 11<sup>th</sup> grade who display a keen interest in mathematics, science and engineering. Your comments count heavily in our selection process, so please take time to write fully and candidly about this student. Recommendations should be completed by a physics or chemistry teacher and **mailed directly to:**

**Dr. Leyla Conrad**  
Microsystems Packaging Research Center  
Georgia Institute of Technology  
813 Ferst Drive  
Atlanta GA 30332-0560

After checking the appropriate boxes in the grid provided, please use the back of this form to give more detailed information about why you believe this student is a good candidate. If you have checked any box "below average", please explain. Thank you for your help in evaluating this student.

	Excellent	Good	Average	Below Average
Works well with others				
Respects authority				
Mathematics achievement				
Science achievement				
Handles conflicts appropriately				
Accepts responsibility for behavior				
Follows written and oral directions				
Seeks new challenges				

Please write any comments on back of this form.

**Teacher's Name** \_\_\_\_\_ **Subject** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# HEALTH FORM

Name of Participant \_\_\_\_\_  
Please Print

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_  
Number & Street City State Zip

Home Phone Number \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_  
Please Print

Home Address \_\_\_\_\_  
Number & Street City State Zip

Telephone Number \_\_\_\_\_  
Home Work

In Case of Emergency we may call \_\_\_\_\_  
Please Print Phone Number

Family Physician \_\_\_\_\_  
Please Print Phone Number

Medical Insurance \_\_\_\_\_  
Name of Company Group Number

## NOTE: PARTICIPANTS MUST HAVE MEDICAL INSURANCE

Allergies: (Please List) \_\_\_\_\_

Do you have any condition either medical or emotional that may produce:

Fainting \_\_\_\_\_ Convulsions \_\_\_\_\_ Seizures \_\_\_\_\_ Unconsciousness \_\_\_\_\_

(Please List) \_\_\_\_\_

Are you in good physical condition? \_\_\_\_\_ If not, please explain \_\_\_\_\_

\_\_\_\_\_

## AUTHORIZATION FOR MEDICAL TREATMENT

(The completed form must be on file before treatment is administered)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward.

Parent or Legal Guardian's signature is REQUIRED below if the student is less than eighteen years of age.

\_\_\_\_\_  
Signature of Participant Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date