Application Information

Eligibility:

- This program targets eighth-grade girls who are interested or might be interested in careers in math, science, engineering, information technology, or health sciences.
- No specific math or science knowledge is expected…only a desire to learn more about math and science!
- Girls should have at least a 2.5 GPA or higher.
- At least four girls from each middle school will be selected to participate in this conference. Depending upon the number of applicants and participating schools, more girls could be selected.

How to Apply:

- Girls should fill out the on-line application at www.somerset.kctcs.edu and are due Wednesday, September 25, 2013. Once you are on the SCC website, select *Workforce Solutions*, and select *GEMS*. When the application is complete, please SAVE your application to your hard drive or a flash drive. Then send it as an attachment to alesa.johnson@kctcs.edu. I will send you an email confirmation that I received it.

  If you do NOT receive an email confirmation from me, please call me before the application deadline at 606-451-6693. Please leave me a message if I am out of the office with your name, phone number, and email address.

- A paper application is NOT accepted. However, paper copies of the photo and parental consent form will be accepted (page 5 of this application).

- Please complete all forms, save them to your hard drive or flash drive, and return the entire application package as an attachment electronically to alesa.johnson@kctcs.edu . Parental consent form can be scanned back to alesa.johnson@kctcs.edu, or mailed to: Somerset Community College, Attn: Alesa Johnson, 808 Monticello Street, Somerset, KY 42501.

- This is a competitive application process and girls are selected based ONLY on their answers to the three essay questions on the application. GPA and extra-curricular activities are NOT considered in the scoring process. We encourage each girl to work with their counselors, teachers, and parents to complete their applications.

- Please complete all three questions in essay form (a minimum of 150 words each). Do not use bulleted statements for these 3 questions.

- Applications are due September 25, 2013 to be considered for the program. ***No applications after this date will be accepted.*** GEMS will be held on November 8th at Somerset Community College.

- All girls who apply will be notified of their status by mail the week of October 14. All middle school counselors will be notified of the results by e-mail the week of October 14.

Application

Submit by Email

Girls Exploring Math and Science Conference

Deadline to apply: Must be received by Wednesday, September 25, 2013

Our goal for the GEMS conference is to expose eighth grade girls to the diverse and exciting careers that exist in the math and science fields. We also want to help girls interested in math and science careers to be aware of the academic coursework needed in high school to prepare them for the coursework that will be required in college.

Name: _____

Home Address (street address/ PO Box): _____

Home Address (City, Zip): City _____ **Zip Code** _____

Home Phone Number (including area code): _____

Cell Phone Number (including area code): _____

Email Address (parent's email address is acceptable): _____

School Attending: _____

Sweatshirt Size (adult): Choose One **Color:** Choose One

List any allergies (including food allergies) _____

Do you have any specific food requirements? (i.e. Vegetarian/Diabetic/Gluten Free) _____

_____

Drink Choice (Please select only one drink): Choose One

Girls will attend all 5 hands-on workshops exploring the career opportunities in robotic welding, 3D printing, aviation, psychiatry, and photography.

Girls will also have the opportunity to attend the Career Expo held after lunch to explore other exciting STEM careers. The Expo will feature hands-on activities by professionals in Radiography, Information Technology, AutoCAD, Engineering, Aviation, Cosmetology, Pharmacy, Math and Natural Sciences, Computer Science, and Nursing.

The responses to these questions below will be scored and ranked by a selection committee which will identify the participants for the GEMS conference. ***Please answer EACH question in essay form (a minimum of 150 words for EACH essay). All responses will remain confidential.***

1) **Write a brief statement discussing why you would like to attend this program and what you would like to gain from this experience.**

2) **Describe your goals for the next five years.**

3) **If you could invent or improve something, what would it be and why? (All ideas are great! Tell us yours!)**

Submit by Email

PARENTAL CONSENT FORM

I agree to allow my name and image to be used in college and KCTCS materials, including but not limited to publications, video, and advertisements used to promote Somerset Community College and the other colleges of the Kentucky Community and Technical College System. I understand I will not be compensated for participating.

Project: Girls Exploring Math and Science Conference (GEMS)

Date: Friday, November 8, 2013

College Representative: Alesa Johnson, Interim Associate Dean, Workforce Solutions

Participant's Name (please print):_____

Parent/Legal Guardian (please print): _____

Parent/Legal Guardian (signature): _____

Parent/Guardian Consent

As parent or legal guardian of the student named on this application, I/we hereby give my/our approval of our daughter/dependent to participate in the GEMS program.

Parent/Guardian Signature: _____ Date: _____

If "guardian", please identify relationship to applicant _____.

Please scan this Parental consent form and submit with application OR print this page only and mail it to:

Somerset Community College
Attn: Alesa Johnson
808 Monticello Street
Somerset, KY 42501

FORM FM 91
08/25/2005

Kentucky Community and Technical College System
Excess Insurance for Camps/Conferences/Field Trips
Summary of Coverage

Insurance Carrier Reisert & Associates (Life Insurance Company of North America))

Coverage Insurance coverage is on an **excess** basis only. The participants' personal health insurance policy will be primary and provide coverage for accident. The **excess** policy will cover any out-of-pocket expense not paid by the participants' personal insurance up to the limits of the policy listed below. (This includes payment of the deductible and coinsurance amounts if applied under the participants' personal policy.) The benefit period is one year. The first expense must be incurred within 30 days of the accident. If the participant does not have personal health insurance coverage, this **excess** policy will pay first dollar, up to the limits of this policy. Pre-existing conditions are not covered. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months.

Coverage Benefits & Limits

Accident Medical Expense (**Excess**)	$25,000
Accident Dental Expense (**Excess**)	$ 2,500
Physical Therapy	$ 1,000
Orthopedic Appliances	$ 500
Deductible	None
AD&D and Paralysis, Principle Sum	$10,000

Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the Kentucky Community and Technical College System, or anyone they may designate, to have my son/daughter treated for injuries they incur during a designated camp, conference, or field trip activity with the college.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give KCTCS, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the Kentucky Community and Technical College System's Camps/Conference/Field Trip Policy. I also understand that the System insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

_____ _____ _____
Date Name of Participant Signature (Parent or Guardian if claimant is a minor)

Emergency Contact (if other than parent) Name:_____ Phone _____

FORM FM 92
08/25/2005

Kentucky Community and Technical College System
Camps, Conferences & Field Trips
Medical Insurance Information Form

Participant Name:_____
Last First Middle

Address:_____
Street Apt.#

_____
City State Zip Code

Participant's Social Security No.:_____
Age:_____ Date of Birth:_____
Parent/Guardian Name(s):_____
Business phone: mother:_____ step mother:_____
father:_____ step father:_____
Home phone mother:_____ step mother:_____
father:_____ step father:_____
Neighbor or Relative (Other than parent/guardian): Phone:_____

Primary Insurance Information

Parent's Insurance Covering Participant

Insured:_____ Date of Birth:_____

Policy Number:_____ Member ID #:_____

Insurance Co.:_____ Phone #:_____

Insurance Co. Address:_____

Second Parent's Insurance (if participant is also covered under this policy)

Insured:_____ Date of Birth:_____

Policy Number:_____ Member ID #:_____

Insurance Co.:_____ Phone #:_____

Insurance Co. Address:_____

Check and sign if participant has no health coverage.

☐ There is no health insurance coverage for this participant at this time.

Signature Parent/Guardian_____ Date:_____

You must submit a copy of the front and back of all insurance and Rx identification cards covering participants.