



STARS Summer Triathlon for Students

The University of Texas Southwestern Medical Center at Dallas

June 22 – July 3, 2009

Instructions: Complete the form below. Be sure to include all requested information. In order for your application to be considered you must include all of the items listed at the bottom of this form.

(Please Type or Print)

Name		School Name	
Home Address		City	Zip Code
Home / Cell Phone	E-mail Address (if you have one)		Date of Birth

Parent or Guardian Name(s)		What High School will you be attending?	
Parent or Guardian's Phone	Parent or Guardian's E-mail Address		

<p style="text-align: center;">I commit to attend the workshop every day from June 22 – July 3, 2009.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>If you cannot attend every day, please explain why.</p>
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Please include the following items with your completed application form.

- 1) Report Card:** please provide a copy of your latest report card OR transcript.
- 2) Letter of Recommendation:** Ask your math or teacher to send a letter to us describing your attributes and capabilities as a student.
- 3) Short Answer:** Please answer in COMPLETE SENTENCES. You may use a separate sheet of paper for your answers.
 - A. What math and science classes are you planning to take in 9th grade?
 - B. What is your favorite class? Why?
 - C. What are your hobbies or interests outside of school?
 - D. What potential careers are you interested in?
 - E. Why do you wish to participate in this program?

All application materials must be submitted by Wednesday, April 1, 2009.

Send completed applications to:
 STARS Summer Triathlon for Students
 UT Southwestern Medical Center
 5323 Harry Hines Blvd.
 Dallas, Texas 75390-9137

Questions? Contact STARS:
 Phone 214-648-9505; Fax 214-648-9508
 Email: STARSmail@utsouthwestern.edu