Academic Programs Office, Clark 223, MS #31
Guest Student Coordinator
Woods Hole Oceanographic Institution
266 Woods Hole Road
Woods Hole, MA 02543-1541

Phone: (508) 289-2219
FAX: (508) 457-2188

High School Guest Student Program

Information for the Applicant:

Please read these directions carefully before filling out this application. Please **print or type** and make sure all pertinent questions are answered completely and accurately. Should you have a disability for which you need special accommodation in order to participate in the application process, please request assistance from the Academic Programs Office. **Applications for the Guest Student Program are accepted year-round and are evaluated on a rolling basis. Please indicate the dates and duration of your visit to Woods Hole Oceanographic Institution: _____**

HSGS Eligibility: Current Advanced Upper Cape or Island High School Students

A complete Guest Student application consists of the following items:

- This formal application
- Document of your school record, to date
- Two evaluations (Reference forms provided)
- A statement, no longer than two doubled-spaced typewritten pages, that addresses the following three questions:
    1. Why do you want to be a guest student?
    2. How would it benefit you at this point in your education and career plans?
    3. What specific area of research are you interested in and why?

1. Name: _____
   last *first* *middle*

2. Address for Reply:_____
   _____
   _____

   Phone number:_____

   FAX number:_____

   Email address:_____

3. Home (legal) Address:_____
   _____
   _____

   Phone number:_____

4. Parent or Guardian: Name_____

   Address_____ Phone Number _____

5. Are you a U.S. citizen? ☐ YES ☐ NO If no, citizen of what country?_____

   If no, what type of visa do you hold? _____

6. Have you ever been convicted of a felony? ☐ YES ☐ NO *If yes, please indicate the nature, date, and circumstances of offense (a conviction will not necessarily be a disqualification, since such factors as age at time of conviction and seriousness of offense will be considered)*_____

7. U.S. Social Security Number (if applicable):_____

8. Are you currently enrolled in an Upper Cape or Island High School? ☐ YES ☐ NO If yes, please name_____.
If no, you are currently not eligible for the High School Guest Student Program. Please reconsider applying as an Undergraduate Guest Student later in your academic career or considering our volunteer opportunities through the Information Office.

9. Record of Education

High School Name and Address	No. Yrs. Comp.	Field	From Mo./ Yr.	To Mo./Yr.

10. Academic Honors and Awards:_____
_____

11. Anticipated College Major: _____

12. Have you applied to the Guest Student program in the past? YES ☐ NO☐
If yes, when?_____

13. Have you been affiliated with WHOI in the past? YES ☐ NO☐

If yes, how and when?_____

14. If any member of your family or household is associated with WHOI, please state name and relationship: _____

15. If you have had contact with a WHOI staff member regarding the appointment, please state with whom:
_____

16. Employment History: Any Verified Work Performed on a Volunteer Basis may be cited below

A. Present or Most Recent Employer:_____

Address:_____

No. & Street City State Zip Code Telephone

Employment Dates: From (Mo./Yr.)_____ To (Mo./Yr.)_____

Rate of Pay: $_____ hourly/weekly/monthly Immediate Supervisor:_____

Description of Work:_____

_____

Reason for Leaving:_____

May we contact this Employer: ☐ Yes ☐ No

B. Most Recent Employer:_____

Address:_____

No. & Street City State Zip Code Telephone

Employment Dates: From (Mo./Yr.)_____ To (Mo./Yr.)_____

Rate of Pay: $_____ hourly/weekly/monthly Immediate Supervisor:_____

Description of Work:_____

_____

Reason for Leaving:_____

May we contact this Employer: ☐ Yes ☐ No

C. Next Recent Employer:_____

Address:_____

No. & Street City State Zip Code Telephone

Employment Dates: From (Mo./Yr.)_____ To (Mo./Yr.)_____

Rate of Pay: $_____ hourly/weekly/monthly Immediate Supervisor:_____

Description of Work:_____

_____

Reason for Leaving:_____

May we contact this Employer: ☐ Yes ☐ No

17. **References:**

Please have two people who can evaluate your academic performance complete and return the evaluation forms with this application. In addition, list them with their information in sections A, and B.

A. Name:_____

Occupation:_____

Current Mailing Address:_____

Email:_____

Phone:_____

B. Name:_____

Occupation:_____

Current Mailing Address:_____

Email:_____

Phone:_____

Thank you for completing this application form. Consideration for guest student positions at WHOI will be based on your qualifications and eligibility. Your signature below indicates that you have completed the application and read and agreed to the following statement.

"I understand that, if any statements made by me on this application prove to be false, it may prevent my being appointed a guest student, or may be sufficient cause for my dismissal; and, further, I certify that the facts I have given on this application are true and complete. I also understand that, in the event of an appointment at WHOI, I will be required to abide by all its policies and procedures."

Date _____ Applicant's Signature _____

If you have any questions about the application, please call the Academic Programs Office at (508) 289-2219 for assistance or e- mail <education@whoi.edu>. Thank you for your application.

The Woods Hole Oceanographic Institution is an Equal Employment/Affirmative Action Organization

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Guest Student Reference Sheet

For the evaluation of: _____

1. What are the circumstances under which you have known the applicant?

2. Please rate the applicant's past performance relative to others at the same level in your department over a period of years.

3. Please comment as to personal characteristics such as motivation, maturity, etc., particularly as these relate to the applicant's potential in his or her chosen field. Please stress both weak and strong points.

4. Summary evaluation: Please give your overall evaluation of this applicant's suitability for the Guest Student Program by comparing the applicant with a representative group of students in the same field who have approximately the same amount of training and experience.

❒	❒	❒	❒	❒	❒
Truly Exceptional equivalent to the very best you have known	**Outstanding** comparable to the best student in a current class, highest 5%	**Above Average** ability easily identifiable and has uncommon drive and maturity, next highest 5%	**Average** upper 50%	**Below Average** lower 50%	**N/A** Inadequate opportunity to observe

5. _____
Referee Name (print or type) ***Title***

_____
Affiliation ***Address***

_____
Signature ***Date***

Please use the next sheet for additional comments

Y:\u\com_edu\eddata\Gueststu\HSgsapp.doc

Additional Comments:

Information for Letter of Recommendation
Woods Hole Oceanographic Institution
Guest Student Program

Dear Colleague:

We recognize the considerable time and thought required of professionals in providing letters of recommendation for students. We have provided this form to guide your evaluation for the Guest Student Program. You may use this form or, if you prefer, an attached letter, or both. Applicants are requested to provide two written references. It is helpful if the letter of recommendation provides an indication of the relative ranking of the candidate within his/her peer group and field of scholarship.

The following information may be of some assistance to you in deciding on the candidate's suitability for the program. Guest Student appointments are awarded to a limited number of college graduates, undergraduates and advanced high school students each year as volunteers in our laboratories and support services. The student's interests and academic background should coincide with the scientists' and their available openings at the time the application is received.

Guest Student appointments are made for periods of not less than one month and not exceeding one year. An appointment can be renewed if the circumstances warrant it, and the student is still in good standing at his or her home institution. WHOI does not issue academic credit for Guest Student work, but a description and evaluation of a student's work is available upon request.

Thank you for the time and effort you have devoted on behalf of the applicant and in assisting us in the selection process.

Sincerely yours,

James A. Yoder
Vice President for Academic Programs and Dean

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James A. Yoder
Vice President for Academic Programs and Dean

EMPLOYMENT AND FELLOWSHIP APPLICATION INSERT

Equal Opportunity/Affirmative Action Data Collection Sheet

The Woods Hole Oceanographic Institution is subject to Federal and Commonwealth law and abides by all applicable regulations by not discriminating against any applicant on the basis of age, race, color, gender, sexual orientation, religion, creed, national origin, disability or veteran status. In addition, as a government contractor, the Institution has an affirmative action plan, which includes statistical analyses regarding applicants, employees and students. In order to collect the necessary data for analysis, your completion of this information sheet is requested.

Note that completion of the form is voluntary on your part. If you choose to assist us in our data collection efforts, please return this form with your application. The data will be maintained in a confidential file separate from your application and will not be used to discriminate against or show preference for any applicant.

Thank you in advance for your cooperation.

(PLEASE PRINT)

NAME: _____ Date: _____

Last First Middle

Referral source: (Check one)

- ☐ Advertisement - Publication _____
- ☐ Walk-In
- ☐ WHOI Friend/Relative - Name_____
- ☐ Other _____

Check one:

☐ Male ☐ Female

Check one: (If you belong to more than one group, select the one that is most appropriate)

- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☐ White (not of Hispanic origin)
- ☐ Other (please describe)_____

Check if any of the following is applicable:

- ☐ Individual with a Disability
- ☐ Veteran
  Dates of service: _____
- ☐ Veteran of the Vietnam Era
  Dates of service: _____
- ☐ Veteran with a Disability
  Dates of service: _____

SEE NEXT PAGE FOR DEFINITIONS OF ABOVE CATEGORIES

DEFINITIONS OF FEDERAL GOVERNMENT CLASSIFICATIONS

American Indian/Alaskan Native

All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander

All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, and Pakistan.

Black (Not of Hispanic origin)

All persons having origins in any of the Black racial groups of Africa.

Hispanic

All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (Not of Hispanic origin)

All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Individual with a Disability

Any person who (1) has a physical or mental impairment which "substantially limits" one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment. "Substantially limits" means unable to perform or limited in the performance of one or more major life activities (e.g. walking, speaking, breathing, seeing, hearing, performing manual tasks, learning, caring for oneself or working) compared to an average person in the general population.

Veteran of the Vietnam Era

A Veteran of the Vietnam era is a person who served on active duty in the U.S. armed forces for a period of more than 180 days, in part of which occurred between August 5, 1964 and May 7, 1975, and who was discharged or released with other than a dishonorable discharge.

Veteran with a Disability

A Veteran with a Disability is (1) a person entitled to Veterans Administration benefits for a disability rated at 30% or more, or (2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.