



DU - WISHES



DILLARD
UNIVERSITY

(Online) DU- WISHES 2021

**Dillard University- Women In STEM High School Experience in Summer
STEM, Medical Physics(MP) and Health Disparities (HD)**

Dillard University, New Orleans, LA

June 01, Tuesday – June 12, Tuesday

*Exploring and Learning Science by doing Science Online (Virtual reality
program online)*

Thank you for your interest in attending our online STEM, Medical Physics (MP) and Health Disparities (HD) Summer Program 2020. This program is an initiative to encourage female high school (10th- 12th Grade) students to gain hands-on experience in STEM, MP and HD related experiments and activities. COVID-19 has wreaked havoc in the lives of students and faculty as most institutions have moved to alternate delivery methods for their classes and summer programs. Hence DU-WISHES this year 2020 will be conducted online.

An exciting line-up of activities and explorations are being planned that would excite and stimulate your curiosity to science and expose you, our “women in science of tomorrow” to experiments in various fields of engineering, biology, chemistry, physics, optics and optical illusion, earth sciences and mathematics. You will be learning about the illustrious minority women in science and interact with our guest speakers online.

We are also planning a special wrap up event virtually on the last day where parents of participating students would join while the students present their two-week experience. Students will receive a stipend at the end of two weeks for their full attendance and participation in all planned activities.

The program goal is to provide an enjoying and enriching experience for you, hoping you will get inspired to pursue a STEM career and change the current representation of women of color in STEM.

APPLICATION PROCESS

Please read the following carefully. Enrollment in this program is *first qualified come, first served*. Complete the application form (2 pages) below and submit the form through your recruiter/ school coordinator or point of contact of the program.

We will notify each applicant regarding enrollment status as soon as possible, typically within three weeks of e-receiving your complete application. Each enrolled student will be sent a confirmation email and other necessary information.

IMPORTANT: If you do not hear from us within three weeks of submitting your application, it may be incomplete; please contact us to find out what is missing! There is no cost to apply. Remember the acceptance will be on first qualified come with completed application since the number seats are limited!

Disclaimer: Any screen shots, photos, recorded (audio or video) and/or compiled online materials created for and/or during the Summer Program are property of the Program and may be used for promotional purposes at the discretion of the Program. Your acceptance to the program is your consent.



DU- WISHES 2021 (Online)

Dillard University- **W**omen In **S**TEM High School **E**xperience in **S**ummer
Chapter for Women in **S**TEM, **P**hysics and **O**ptics
Dillard University, New Orleans, LA
Program Application (*complete all 5 pages*)

PARTICIPANT AND PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth (yyyy/mm/dd): _____		
Name of School: _____	Grade: _____		
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	
Home Phone: _____	Cell Phone: _____		
Email address you check frequently: _____			
Best way to contact you? (circle one)	Home Phone	Cell Phone	Email
Please send my paperwork via (circle one)	US mail	Email	FAX

What technology devices do you have access to utilize at home during the DU-WISHES Program period? Click all the apply.

- Desktop
- Laptop, Netbook or Chromebook (any brand)
- Tablet (ex. iPad, Android, Nook, Fire, etc)
- Smartphone
- Do not have a technology device at home

Does your home have internet service?

- Yes. Cable modem
- Yes. Fiber optic (ex. FiOS, Google)
- Yes. DSL
- Yes. Tethering to a Smartphone or Tablet
- Yes. Laptop with imbedded wireless modem
- No. We do not have internet access at home.

What is your T-shirt size (Mandatory to wear it through out the program
We need this information ASAP

EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed

above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____

Second Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____

Medical insurance is required to participate in the program.

SAFETY INFORMATION (please list all known conditions so we can accommodate the participant's needs)

Do you have any medical conditions, allergies, or special needs the Program staff should know about?

1. Tell us briefly (150- 200 words) why you are interested in STEM fields.

2. Why do you want to be a part of this DU WISHES summer program? (100- 150 words)

3. What are your extracurricular interests?

PROGRAM LIABILITY RELEASE FORM

Please read carefully before signing. Parent/ Guardian signature is mandatory if the student is under 18 years of age. Proof of medical insurance is required.

I, _____, the Parent/Guardian of _____, acknowledge that I voluntarily and willingly permit my child to participate in DU-WISHES Program at Dillard University (DU) campus, during the time period June 1- June 15, 2021.

I understand participation in the Program is completely voluntary and NO INSURANCE COVERAGE MAY EXIST THROUGH Dillard University or the DU WISHES program TO COVER ANY CLAIMS THAT MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE program. In consideration for Dillard University's arranging this opportunity for my child to participate in this Program, and knowing that I would be required to sign this Release of Liability, I acknowledge that I have fully read this Release and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

I understand and agree that my child must arrange her own transportation to and from Dillard University on all the program days and if any field trips if required. Dillard University may arrange transportation for my child. In this event, I further understand that my child's decision to accept transportation from Dillard University is completely voluntary and accepted at her own risk, and that such transportation will not be covered by any Dillard University insurance. If my child arranges her own alternate transportation, I understand that she must provide her own automobile collision and liability insurance, at her expense if my child chooses to drive. Further I understand and agree that whatever alternate mode of transportation she may choose will not be covered by any insurance from Dillard University.

I fully understand and acknowledge that by my child's participation in the Program, she faces the risk of accidental and/or other injury. These risks include, but are not limited to, (1) traveling to and from the Program, (2) loss or damage to personal property; (3) injury or fatality due to, and/or related to, (a) walking, running, and/or other physical activity, (b) the condition of facilities away from the Dillard University campus, which are not under the control and maintenance of Dillard University, (c) exposure to inclement weather (d) slips and falls, and (e) any and all other aspects and stress related to the Program, including interaction with personnel at other locations, who may not be employees of Dillard University, among others. I understand and assume the risks of my child's participation in the Program.

I further acknowledge that my child has asked for and has received reasonable accommodations for any disability my child may have brought to the attention of the Program supervisors, having first presented valid certification of her disability to the Supervisor at the time of application.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE CAMP SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR

CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE CAMP, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD OR ON THE PART OF Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

ACCEPTED AND AGREED BY (This part must be notarized)

Parent's/Guardian's Signature: _____

Date: _____

Parent's/ Guardian's Name: _____

Phone: _____

Witness signature

Witness signature

For questions, contact:

Program Assistant Directors:

Dr. Julie Basu Ray
Adjunct Faculty, Department of Biology, University of Arkansas at Pine Bluff
Email: juliebasuray@gmail.com
Phone: 901-273-7131

Dr. Bernard Singleton
Associate Professor, Department of Biology
Email: bsingleton@dillard.edu
Phone: 504- 816- 4308

Program Director:

Dr. Abdalla Darwish
Presidential Professor, Professor of Physics
Email: adarwish@dillard.edu
Phone: 504- 816- 4840