

Herpetological Research Experience (HRE) Summer 2014 Student Application

Herpetological Research Experiences [HREs] are free outdoor, field-based summer programs for high school students (rising 9^{th} through 12^{th} graders).

PRIORITY WILL BE GIVEN TO APPLICATIONS RECEIVED BY MARCH 14, 2014

Name:
Birth Date:/ Check One: Female Male
Home Phone: () Student Cell Phone: () Student Email:
Check One: African-American/Black Asian/Pacific Islander Bi-Racial/Multi-Racial Hispanic/Latino Native American White Other
Check One: Which HRE do you want to participate in?
☐ Eastern Piedmont HRE held at Camp Chestnut Ridge, Efland; June 15 - 20
☐ Inner Coastal Plain HRE held at Camp Rockfish, Parkton, July 13 – 18
☐ I can attend either the Eastern Piedmont HRE or the Inner Coastal Plain HRE.
Check One: If you need transportation to an HRE don't let that prevent you from applying. If we accept you we will work with you to find a way to get you to the program. Please check below if you will need transportation.
Yes, if I am accepted into CCR then I will need round trip transportation to the program.
Yes, if I am accepted into Rockfish then I will need round trip transportation to the program.
What language do you speak at home?
What is your grade level during the 2013-2014 school year? 8 9 10 11
Name of the high school that you will attend in 2014-2015:
How did you hear about The Herp Project's HREs?



STUDENT CONSENT

I,	, agree that if I am invite	d to participate in the
Herpetological Research Experience (HRE) and I	elect to participate in the H	RE, that I will follow al
of the rules of Chestnut Ridge or Rockfish and all	directions from all HRE in	structors. I agree to be a
positive participant who works hard to learn more	about herpetology. I under	stand that if I violate
Chestnut Ridge or Rockfish rules or compromise	my, other students' or instru	actors' safety, or the safe
of animals, that my parents/guardians will be noti-	fied and I may be asked to	leave the HRE.
Student Signature:	Date:	
HERPETOLOGICAL RESEARCH EXPERIENC	CE [HRE] PARENT/GUA	ARDIAN SECTION
PRIORITY WILL BE GIVEN TO APPLIC		
		,
Name of person completing this section: FIRST		
FIRST	Middle	LAST
Relationship to Student:		
Your Mailing/Contact Information:		
Address: Route/House Number/PO Box		
ROUTE/HOUSE NUMBER/PO BOX	ST	REET
City	STATE	ZIP CODE
Home Phone: () Cell Phone:	() - Email:	
		
Please check which method of communication yo	u prefer: Email N	∕Iail
Parent/Guardian Information:		
Parent/Guardian #1 Name: FIRST		
FIRST	MIDDLE	Last
Address (if different from the address above):		
	ROUTE/HOUSE NUMBER/PO BOX	STREET
	CITY STATE	ZIP CODE
Did you attend college? If yes, what college:		
Work Phone: () Cell Phone:	() - Email:	
work i none. () cen i none.	() Eman	
Parant/Cuardian #2 Name:		
Parent/Guardian #2 Name: First	MIDDLE	LAST
Address (if different from the address above):	ROUTE/HOUSE NUMBER/PO BOX	STREET
	CITY STATE	ZIP CODE



Did you attend college? If yes, what college:	_
Work Phone: () Cell Phone: () Email:
What is the yearly income of your family?	
under \$25,000	\$50,000 - \$74,999
☐ \$75,000 - \$99,999 ☐ \$100,000 - \$149,999 ☐ more than \$200,000	\$\bigsim \\$150,000 - \\$199,999
Additional Information: In order to best meet the needs of all participants, p	please describe any special needs that your child has.
Please provide any other information that you think consider in regards to your student's application for	
Parent/Guardian Consent: My signature below indicates that I have read and student's application and that I support my student	
Parent/Guardian Signature:	Date:



HERPETOLOGICAL RESEARCH EXPERIENCE [HRE] STUDENT BACKGROUND SECTION

Course	TEACHER	Final Grade
Course	TEACHER	Final Grade
Course	TEACHER	Final Grade
Course	TEACHER	Final Grade
COURSE Activities and Leadershi t the activities you have be		Final Grade s. Please also include lead
Activities and Leadershi	p een involved with in the last <u>two</u> years	



3. About You:

Write a one page personal statement that explains why you wish to participate in this Herpetological Research Experience.

Note: This is a critically important part of the application, so we recommend spending time developing and editing your statement.



4. Recommendation:

Your application must include one letter of recommendation from either a teacher at your school, an employer or someone who knows you well (other than a relative). Your letter of recommendation can be mailed, faxed, or emailed by the person, who completes the recommendation. Please complete the following information about the person who wrote your letter of recommendation.

Name:			
FIRST		MIDDLE	LAST
Address:			
Rout	E/HOUSE NUMBER/PO B	OX	STREET
CITY		STATE	ZIP CODE
Relationship (check one):	Teacher	Employer Other:	
Phone: ()	Email:		

Please mail, fax, or email this completed application and all accompanying documents to:

The Herp Project
School of Education Building
The University of North Carolina at Greensboro
1300 Spring Garden Street
Greensboro, NC 27402

Fax number: 336-334-4120; Attention: The Herp Project

Email address: herpproj@uncg.edu

Website: theherpproject.uncg.edu