May 18, 2020

Dear Parent or Guardian:

Congratulations! Your student has an opportunity to participate in Tougaloo College Virtual STEM Academic Enrichment Summer Institute (21st Century Community Learning Center). Participation in the Virtual Summer Institute is a chance to be creative, develop leadership and communication skills, and learn to think like a STEM professional designed to improve academic performance in STEM-related subjects and increase student enrollment of STEM undergraduate majors in college.

STEM paves the way for a bright future career. This institute aims to improve students’ knowledge through hands-on activities in a variety of STEM areas. Ultimately, this could increase the number of scholars interested in science, technology, engineering, and math while increasing their chances of pursuing majors that will lead to careers related to STEM.

The program is scheduled to begin on Monday, June 8, 2020, and end Friday, July 24, 2020. The program will operate virtually from 1:30 p.m. to 5:30 p.m. Monday–Friday. Orientation will be held on Thursday, May 28, 2020 at 5:30pm via Zoom. The link for orientation will be emailed upon receiving the completed application. All participants must attend the orientation with their parent/guardian.

I want to take this opportunity to personally thank you for allowing us the privilege and the opportunity to work with you and your student this summer. We hope that your family will benefit from the Tougaloo College Virtual STEM Academic Enrichment Summer Institute (21st Century Community Learning Center). If there are any questions, please contact me, Ms. Therese Bridges at (601) 977-7910 or email youcan@tougaloo.edu.

Sincerely,

Therese Bridges
Program Director

APPLICATIONS DUE MAY 28, 2020
Parent & Student MUST attend Orientation!
May 18, 2020

Dear Parent or Guardian:

Your student, ________________________, has an opportunity to participate in the Tougaloo College Virtual STEM Enrichment Summer Institute (21st Century Community Learning Center) beginning **Monday, June 8, 2020 and ends on Friday, July 24, 2020.** In order for your student to be fully accepted into the program, the Tougaloo College Y.O.U.C.A.N! Institute staff will need the **following completed forms:**

1. Parental Consent Form _____
2. Student/Parent Rules and Regulations_____ 
3. Medical Disclosure _____
4. Photo Usage Consent Form _____
5. Specialty Course Form _____ 
6. Parent Consent Survey Form _____

If there are any questions please contact me, Ms. Therese Bridges via telephone (601-977-7910) or via email youcan@tougaloo.edu. We look forward to having your student in this year’s summer camp.

Sincerely,

[Signature]

Therese Bridges  
Program Director
PARENTAL CONSENT FORM

I, ______________________________________ give my student, ______________________________________,
Parent/Guardian (Please Print)          Student (Please Print)

permission to participate in the Tougaloo College Virtual STEM Enrichment Summer Institute
(21st Century Community Learning Center). My student will be attending ______________________
School in August 2020 and entering ______ grade.

In case of an emergency, I can be contacted at the following numbers:

Home: ____________________ Work/or Alternate Number: ____________________

Email Address: ________________________________________________________________

I understand that this activity is a part of the Tougaloo College Virtual STEM Enrichment Summer Institute
(21st Century Community Learning Center). I agree that no staff person or volunteer will be held
responsible for any injuries or damages occurring during such activities. In the event a claim is made,
I agree to limit such claim to my student’s or ward’s ratable share of any insurance proceeds, if any,
available on any policy held by the person against whom such claim is made. I understand that if these
terms are not acceptable that I may personally transport and supervise my student or ward during
program activities.

____________________________________________________  ______________________
Parent/Guardian Signature                                   Date Signed

____________________________________________________  ______________________
Address                                                      Zip Code

Therese Bridges
Program Director

____________________________________________________  ______________________
Date Signed
STUDENT & PARENT CONTRACT
RULES AND REGULATIONS

I, __________________________________________ agree to participate in the
(Student’s Name)

Tougaloo College Virtual STEM Academic Enrichment Summer Institute (21st Century
Community Learning Center), and will comply with the rules and regulations specified below.

(PLEASE CHECK)

_______ 1. Attend the Virtual Camp.

_______ 2. Participate in the virtual enrichment sessions.

_______ 3. Comply with ALL Program Rules and Regulations.

If at any time I do not comply with the above, I understand that I may forfeit my right to participate
in any of the program’s fun activities and/or recreational virtual field trips or consequently be
released from the program.

________________________________________  __________________________________________
Student Signature                      Student Email Address

________________________________________                        ____________________________
Parent/Guardian Signature           Date

😊 LET’S HAVE A GREAT SUMMER! 😊
Medical Disclosure and Emergency Treatment Consent Form

Student’s Name: ___________________ Age: ____ Birth Date: ________________________

Address: _________________________ Telephone: ________________________________

City: ____________________________ State: ________________ Zip Code: ________________

Name of Parent or Guardian: ________________________________

Emergency Contact

Name: ___________________________ Relationship: ________________________________

Daytime Phone Number: ______________ Evening Phone Number: __________________

Work Phone Number: _______________ Cell Phone Number: _______________________

Address if different from student:

____________________________________

Family Doctor: ______________________ Phone Number: __________________________

Insurance Information

Company: __________________________________________

Insurance #: ____________________________ Phone Number: _________________________

Please indicate any special medical information and/or instructions for your student or any known allergies:

____________________________________

In the event your student is injured or becomes ill during the Tougaloo College Virtual STEM Academic Enrichment Summer Institute (21st Century Community Learning Center) we will make every effort to contact you immediately. If we are unable to contact you or your designee, do we have your permission to seek appropriate emergency treatment?

YES _______ NO _______

I understand that unless otherwise limited by state or federal regulation, I may withdraw this consent at any time by submitting my withdrawal request in writing. The withdrawal of this authorization does not affect any health information disclosed prior to Tougaloo College Y.O.U.C.A.N! Institute receiving a written notice of withdrawal.

I hereby acknowledge that I have read (or had someone read to me) the above statements, and that I fully understand the above statements, and do expressly and voluntarily authorize the disclosure of this medical information to the individual or agency named above.

Parent/Guardian Print Name: ________________________________

Parent/Guardian Signature __________________________________ Date _____________________
PHOTO USAGE PARENTAL CONSENT FORM

I, ____________________________ give the Y.O.U.C.A.N! Institute,
Parent/Guardian (Please Print)
permission to use photos taken of my student, ____________________________, during
Student’s Name (Please Print)
program activities for publication purposes.

I understand that such publications will include: quarterly and annual reports; newsletters;
articles; presentations; brochures; and Y.O.U. C.A.N! Institute/Tougaloo College websites and
social media platforms.

______________________________  ______________________
Parent/Guardian Signature          Date

______________________________  ______________________
Therese Bridges          Date
Program Director
The Tougaloo College YOUCAN! Institute will offer students the opportunity to receive a certification in one “Specialty Course.” Students will participate in one “Specialty Course” for a 6-week period. These courses will be instructor-led online courses that the student will be responsible for taking in addition to the Summer Virtual STEM Enrichment program hours. Weekly follow-up will occur with students to ensure that they are on track and to provide any additional assistance needed. Please see the following list of “Specialty Courses” that we will offer:

*Please select only one course for your student by putting an “X” on the line beside the course that you selected.

_________ Drawing for the Absolute Beginner
_________ Discover Digital Photography
_________ Creating WordPress Websites
_________ Using Social Media in Business
_________ Start a Pet Sitting Business
_________ Start Your Own Online Business
_________ Start Your Own Small Business
_________ Introduction to Screenwriting
_________ How to Get Started in Game Development

*Please provide your student’s name and email address below for further updates.

Student’s Name: ____________________________________________

Student’s Email Address: ____________________________________
Parent Consent Survey Form

Principle Investigator: Dr. Daphne Chamberlain

Title of Study: Tougaloo College Virtual STEM Academic Enrichment Program (21st Century Community Learning Center)

Purpose: The purpose of Tougaloo College STEM Academic Enrichment Program (21st Century Community Learning Center is to create a pipeline science, technology, engineering, math and science program targeting 8th-12th grade students attending Cardozo Middle School, Siwell Academy of Leadership Preparation, Forest Hill High School, Wingfield High School, and Michelle Obama Early College High School.

Description: The study consists of the STEM Career Inventory and the Bazargen Career Development Screen. Also some focus groups and key informant interviews will be constructed to gather information about the effectiveness of the program and challenges to implementation.

Voluntary: Taking part in this survey is optional. If your student feels uncomfortable about answering any question, he/she may skip the question. He/She also has the right to withdraw at any time.

Risks: The risks are minute, which does not include embarrassment, upset, or feeling demeaned.

Benefits: There are no personal benefits. Benefits are for subject and society.

If you have questions about your rights as a participant in human research, please contact Mr. Kerry Thomas, Grants Management Specialist Tougaloo College, 601-977-4463. If any additional information is desired, relating to question on this survey please contact:

Tougaloo College Y.O.U. C.A.N! Institute
Attn: Dr. Thea Williams-Black
500 West County Line Road
Tougaloo, MS 39174
(601) 977-7744 office

Parent/Guardian Signature ____________________________ Date ___________________