

# Biology Youth Research Program

*Graduate students mentoring young scientists.*

Department of Biological sciences, Idaho State University, Pocatello, ID 83209-8007

<http://byrp.isu.edu/>

**The Biology Youth Research Program is a dual purpose project designed to provide professional development to graduate students involved in their own research in the [Department of Biological Sciences](#) and to provide self-motivated high school students with exposure to college level research projects.**

Applications will be considered from those who:

- are 16 years or older for certain projects requiring field work at the INL.
- have a clearly demonstrated interest in biological science.
- plan to attend college.
- are recommended by a teacher.

Placement decisions are based on:

- potential for success based on letter of recommendation and application essay.
- demonstrated enthusiasm for science.
- availability of a suitable mentor and project.

Questions? Contact BYRP through the web-site <http://byrp.isu.edu>

**APPLICATIONS MUST BE RECEIVED IN OUR OFFICES BY POSTED DEADLINE.**

## **Application Instructions**

Complete all pages and questions accurately and fully, and be sure to send the original application. All pages must be single-sided. Type or print in black ink. Do not extend writing into margins; attach extra sheets of paper if more space is needed. Letter of recommendation must be from a teacher who can comment on your academic performance and potential to succeed in the program. This letter must be collected by the student in a sealed envelope with the flap of the envelope signed by the recommender. Return all materials in a single package.

Attach other relevant documents and mail directly to:

BIOLOGY YOUTH RESEARCH PROGRAM  
DEPARTMENT OF BIOLOGICAL SCIENCES  
IDAHO STATE UNIVERSITY  
POCATELLO, ID      83209-8007

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Name:

\_\_\_\_\_

Last, First, Middle Initial

Male    Female

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Anticipated Date of High School Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

Current Address: \_\_\_\_\_

Street

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### Optional Demographic Information

(The BYRP collects this information to track the effectiveness of our efforts at reaching under-represented groups. Your answers are completely voluntary and will be kept anonymous and confidential. Your answers have **no** impact on placement decisions.)

Gender: Male (  )    Female (  )    Ethnicity: \_\_\_\_\_

Did either of your parents graduate from college?    (  )Yes    (  )No

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Career Interests:

What is your primary career interest? \_\_\_\_\_

What other careers are you considering? \_\_\_\_\_

How did you hear about the Biology Youth Research Program?

Extracurricular activities in order of their importance to you:

Activity Years Offices Held

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Recommendations:

List the name of the teacher who has agreed to recommend you:

Name, Address, Months/Years known

## Application Essay:

Choose one question below and respond to it with a short (200 word maximum) essay. There are no right or wrong responses. Instead, the essay will be evaluated on organization, creativity and adherence to accepted standards of English composition (spelling, grammar, style). Essays **must be typed** and attached to your completed application. Essays **must** be the original work of the applicant.

1. How does science affect your daily life?
2. What do you hope to gain from participating in research through the BYRP?
3. What will people be like in 10,000 years?

## Certification (Applicant and legal guardian signatures required):

High School Student: I certify that all statements made in this application are correct. I also state that the attached essay is my own original composition. I further state that I have read the application in its entirety. I agree to abide by the decisions of the Biology Youth Research Program and its directors. If I am placed with a mentor, I agree to abide by all the rules and regulations that are now or may be required in the future.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of High School Student Applicant, Date

Parent or Legal Guardian: The applicant has my permission to apply to the Biology Youth Research Program at Idaho State University. I understand that, if placed with a mentor, the applicant will spend an average of three hours per week performing supervised research under the guidance of a trained graduate student at Idaho State University or at an approved field site.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Legal Guardian of Applicant, Date

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## Letter of Recommendation

Section A (to be completed by applicant):

Applicant's Name: \_\_\_\_\_

Last, First, Middle Initial

Current Address:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State Zip

Please sign one of the two statements noted below and give this form to your reference. This form should be delivered separately to BYRP in a sealed envelope with the recommender's signature across the sealed flap.

1. I expressly waive any rights I might have to access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any law, regulation, or policy.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant, Date

2. I do not agree to the above waiver.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant, Date

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## Letter of Recommendation

Section B (to be completed by teacher):

Deadline for Recommendations:

Recommendations must be sent by the student with a postmark date on or before the posted deadline to allow time for complete application submission.

Please complete the following and deliver this form to the student in a sealed envelope with your signature across the sealed flap. A letter in addition to this form is acceptable so long as the form is also completed by you.

Address letters to the "BYRP Selection Committee".

1. How long and in what capacity have you known the applicant?

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2. What do you consider his or her most outstanding talents or characteristics?

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3. What are areas of needed improvement that may affect his or her future academic and career performance?

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4. Please use the following scale provided to rate the applicant in relation to his or her peers. (1 = Top 2%, 2 = Top 10%, 3 = Top 1/3, 4 = Middle 1/3, 5 = Bottom 1/3, N/A = Unable to Judge) Additional comments are also appreciated.

Communication Skills:

Intellectual Curiosity:

Organization and Focus:

Maturity Level:

Self-awareness:

Integrity:

Originality:

Capacity for Hard Work:

Analytical Ability:

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5. Check one:

I strongly recommend this applicant for the BYRP Program at ISU.

I recommend this applicant for the BYRP Program at ISU.

I recommend this applicant for BYRP at ISU with some reservation.

I do not recommend this applicant for the BYRP Program at ISU.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Recommender's Signature, Date

\_\_\_\_\_  
Name of Recommender (Last, First, Middle Initial)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-Mail