



# WINSTON CHURCHILL HIGH SCHOOL



## THE ACADEMY OF MATHEMATICS, TECHNOLOGY, AND SCIENCE

I am requesting admission to the Academy of Mathematics, Technology, and Science. As a participant in the Academy, I will include the following components in my four year plan:

- ✓ MCPS Graduation Requirements
- ✓ Four credits of Mathematics in high school
- ✓ Three additional credits from mathematics, technology, and/or science
- ✓ One additional Tech credit. Computer Science & Pre-engineering courses will meet this requirement.
- ✓ A Summer Symposium in mathematics, technology/science, or other approved program.
- ✓ Extracurricular coursework in Scientific Literary Research and Scientific Writing during sophomore year, and Experimental Design and Data Analysis during freshman year.
- ✓ Complete an independent scientific inquiry and participate in the poster symposium
- ✓ Attend MTS Lecture Series and submit mandatory Reaction Papers by the deadline
- ✓ Complete culminating projects such as Lab Reports, Independent Scientific Inquiry, Poster Sessions and Oral Presentations
- ✓ Participate in an internship in Mathematics, Technology, or Science
- ✓ Enter in a contest or competition in Mathematics, Technology, or Science
- ✓ Maintain the grade requirements, including a cumulative weighted 3.75 grade point average in Academy courses

Name \_\_\_\_\_ M or F \_\_\_\_\_ ID # \_\_\_\_\_  
Last First

Current School \_\_\_\_\_ Year of Graduation = 2015

Current School Counselor \_\_\_\_\_ Applicant's Cell Phone \_\_\_\_\_

Applicant's Own Email Address (required) \_\_\_\_\_

Parent's Email Address (required) \_\_\_\_\_

Home Address \_\_\_\_\_

*(Include street, city, state, and zip code)*

Home Phone Number \_\_\_\_\_ Best parent daytime phone # \_\_\_\_\_

I understand that the Mathematics, Technology, and Science Academy will present me with a challenging program that will enrich my high school years while preparing me for admission to college. By this "intent to participate" I am committed to working to my potential.

\* Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Parents' Names (Please print neatly) \_\_\_\_\_

\* Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return [1] this form, [2] your essay, [3] your proposed 4-year plan, and [4] Member Information Form, to Mrs. Tilles in the Signature Program Office before the end of 8<sup>th</sup> grade. Please ask your teacher to return the recommendation form directly to us ASAP.

Refer questions to Wendy Tilles, Administrative Assistant, or Barbara Blazer, Signature Program Coordinator, at (301)469-1054 during school hours.

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An innovative and challenging Signature Program

Please write a carefully constructed essay explaining why you want to participate in the Academy of Mathematics, Technology, and Science. **Please use a computer and double space your essay.** As you construct your response, consider about how the academic coursework components of the Academy will meet your academic interest and focus. Discuss the ways that you believe the Academy will help you explore your career interests and explain why this is important to you. Explain how being an Academy member will help you enhance your personal responsibility, initiative, self-direction, and independence. Please attach your essay to the application form and **return both the form and the essay with your registration materials.**

We currently use *Edline* as our primary mode of communication. As a member of the academy, students must be able to receive emails that the Academy sends to “students only” and parents/guardians must be able to receive emails that are sent out to parents/guardians. To do this, once logged onto Edline, go to “Manage Account” on the bottom left of the WCHS Edline page and check “yes” for accepting emails and make sure the email listed is one that you would check regularly. Please check it daily for updates and announcements as well as all academy policies and requirements, information, and forms.

Keep this page for your records.





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An innovative and challenging Signature Program

Please ask your 8<sup>th</sup> grade Mathematics teacher to fill out this recommendation form.

**MATH TEACHER RECOMMENDATION**

\_\_\_\_\_ is interested in participating in the Signature Program, The Academy of Mathematics, Technology, and Science at Winston Churchill High School. Please rate this student on the following criteria:

Teacher \_\_\_\_\_ School/Course \_\_\_\_\_ / \_\_\_\_\_

Initiative	Excellent	Good	Satisfactory	Poor	NA
Teamwork	Excellent	Good	Satisfactory	Poor	NA
Punctuality/ Attendance	Excellent	Good	Satisfactory	Poor	NA
Communication Skills	Excellent	Good	Satisfactory	Poor	NA
Follows Directions	Excellent	Good	Satisfactory	Poor	NA
Attitude	Excellent	Good	Satisfactory	Poor	NA
Overall Rating	Excellent	Good	Satisfactory	Poor	NA

Comments: Please include any additional information about this student that you feel is pertinent on the reverse side of this form.

Please return this form to Mrs. Wendy Tilles at Winston Churchill High School ASAP.

Teacher's Signature \_\_\_\_\_



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Please ask your 8<sup>th</sup> grade Science teacher to fill out this recommendation form.

**SCIENCE TEACHER RECOMMENDATION**

\_\_\_\_\_ is interested in participating in the Signature Program, The Academy of Mathematics, Technology, and Science at Winston Churchill High School. Please rate this student on the following criteria:

Teacher \_\_\_\_\_ School \_\_\_\_\_

Initiative	Excellent	Good	Satisfactory	Poor	NA
Teamwork	Excellent	Good	Satisfactory	Poor	NA
Punctuality/ Attendance	Excellent	Good	Satisfactory	Poor	NA
Communication Skills	Excellent	Good	Satisfactory	Poor	NA
Follows Directions	Excellent	Good	Satisfactory	Poor	NA
Attitude	Excellent	Good	Satisfactory	Poor	NA
Overall Rating	Excellent	Good	Satisfactory	Poor	NA

Comments: Please include any additional information about this student that you feel is pertinent on the reverse side of this form.

Please return this form to Mrs. Wendy Tilles at Winston Churchill High School ASAP.

**Teacher's Signature** \_\_\_\_\_



## Proposed Four-Year Plan for

Name \_\_\_\_\_

Date \_\_\_\_\_

**Please use this form and NOT the MCPS form on their website.**

**\*Mrs. Tilles is available for assistance in completing this plan.**

Keep in mind that the required number of credits listed below is the Maryland graduation requirements. **Academy students need four additional credits in their focus area beyond the state graduation requirements**

	Grade 9	Grade 10	Grade 11	Grade 12
<b>English</b> 4 credits required	English Regular/Honors	English 10 Regular/Honors	English 11 Regular/Honors/AP	English 12 Regular/Honors/AP
<b>Social Studies</b> 3 credits required	U.S. History Regular/Honors/AP	National, State, Local Government (NSL) Regular/Honors/AP	Modern World History Regular/Honors/AP	
<b>Mathematics</b> 4 credits required				
<b>Science</b> 3 credits required				
<b>Fine Arts</b> 1 credit required				
<b>Technology Education</b> 1 credit required <i>and an additional credit for the MTS Academy</i>				
<b>Physical Education</b> 1 credit required				
<b>Health Education</b> .5 credit required		Health Education <i>(Must be taken during the 10<sup>th</sup> grade during the school year or one of the surrounding summers.)</i>		
<b>Foreign Language</b> OR <b>Advanced Technology</b> 2 credits required				

\* I completed *Software Applications* in the middle school.      Yes      No

Applicant Name \_\_\_\_\_

ID Number \_\_\_\_\_ Graduation Year **2015**

### Prospective Member Information Form

It is important that our records have the correct and current information about you. Please complete this form (very neatly, please\*) and submit to Mrs. Tilles in the Signature Program office with your application materials.

Applicant Email \_\_\_\_\_ Applicant Cell Phone # \_\_\_\_\_

Applicant Home Phone Number \_\_\_\_\_

Applicant Home Address \_\_\_\_\_

Parents'/Guardians' Names\* [1] \_\_\_\_\_ [2] \_\_\_\_\_

\* Please include any titles such as Dr., Captain, Judge, etc.

Parent/Guardian #1 Email \_\_\_\_\_

Parent/Guardian #1's Relation to Applicant \_\_\_\_\_

Parent/Guardian #1 *Best Daytime* Phone Number \_\_\_\_\_

Parent/Guardian #2 Email \_\_\_\_\_

Parent/Guardian #2's Relation to Applicant \_\_\_\_\_

Parent/Guardian #2 *Best Daytime* Phone Number \_\_\_\_\_

**\*Siblings that have been in the Signature Program:** \_\_\_\_\_

\_\_\_\_\_



MTS

The Signature Program office is located in room 132A, which is located between classrooms 132 and 134. We are at the end of that mini-hallway. If no one is in the office, you may slip this form under the door, and we will retrieve it when we enter.