

# Y. U. C.A.N! Institute

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](mailto:youcan@tougaloo.edu).

Sincerely,



Therese Bridges  
Program Director

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

# Y. .U. C.A.N! Institute

May 18, 2020

Dear Parent or Guardian:

Your student, \_\_\_\_\_, has an opportunity to participate in the Tougaloo College Virtual STEM Enrichment Summer Institute (21<sup>st</sup> 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](mailto:youcan@tougaloo.edu). We look forward to having your student in this year's summer camp.

Sincerely,



Therese Bridges  
Program Director

# Y. .U. C.A.N! Institute

## 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 (21<sup>st</sup> 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 (21<sup>st</sup> 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



# Y. U. C.A.N! Institute

## STUDENT & PARENT CONTRACT RULES AND REGULATIONS

I, \_\_\_\_\_ agree to participate in the  
(Student's Name)

Tougaloo College Virtual STEM Academic Enrichment Summer Institute (21<sup>st</sup> 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! ☺

# Y.O.U.C.A.N! Institute

## 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 (21<sup>st</sup> 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 \_\_\_\_\_

# Y.O.U.C.A.N! Institute

## 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**  
**Program Director**

\_\_\_\_\_  
**Date**

# Y. .U. C.A.N! Institute

The Tougaloo College YOU CAN! 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: \_\_\_\_\_



# Y.O.U. C.A.N! Institute

## Parent Consent Survey Form

**Principle Investigator:** Dr. Daphne Chamberlain

**Title of Study:** Tougaloo College Virtual STEM Academic Enrichment Program (21<sup>st</sup> Century Community Learning Center

**Purpose:** The purpose of Tougaloo College STEM Academic Enrichment Program (21<sup>st</sup> 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 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

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Parent/Guardian Signature

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Date