

As a high school student with a disability who is interested in a science, technology, engineering, or math, you have overcome barriers in order to succeed. Would you like to work with a college or university student with disabilities who is pursuing similar goals? Would you like to work with a college or university student who has first hand experience with transition to higher education, study skills, and accommodations?

You should apply to become a MIDWEST Scholar!

## You must:

- be interested in a science, technology, engineering, or mathematics career
- be enrolled in a science, technology, or math courses in high school
- be a student with a verifiable disability
- be a U.S. citizen

As a MIDWEST Scholar you will be matched with a MIDWEST Mentor with a similar disability and career interest. You will be assigned to one of three communication groups and communicate with your mentor in one of the following ways:

<u>Face-to-Face</u>: The MIDWEST Mentor will come to your school once a month to meet with you.

<u>Computer-Mediated-Communication:</u> You will meet with your Mentor through the internet, using chat rooms or e-mail.

<u>Hybrid:</u> You will meet with your Mentor during face-to-face sessions at your school, and through the internet.

To apply to be a MIDWEST Scholar, submit the following materials:

Scholar Application
<ul> <li>Please see attached sheet.</li> </ul>
One-Page Cover Letter
In two to three paragraphs, please tell us about yourself. Why are you applying? What goals
do you have for college and career?
Verification of Disability
Documents indicating you have received accommodations while in high school. A copy of
your IEP would be sufficient.
Proof of Enrollment
A copy of your current class schedule would be suitable.
<u>Transcript</u>
This should be a recent copy of your transcript.

Then, submit the packet to:

MIDWEST Alliance in STEM—Mentorship Program 427 Goodnight Hall 1975 Willow Drive Madison, WI 53706



## ${\tt Mentorship\ Program:}\ Scholar\ Application$

## **Personal Information:**

		/	/	
Name (Please Print)		Date of Birth (MM/DD/YY	) Gender (M or F)	
Local Mailing Address				
	/ /	( )	Voice/TDD:	
City	State Zip	Phone		
E-mail Address				
Primary Disability:	/Sec	condary Disability:		
(OPTIONAL—information will ONLY b				
<b>High School Information:</b>				
High School				
City		//	Lip	
Major/Field of Study				
Check one: Junior Senior Anticipated Graduation Date:				
As a MIDWEST Scholar, I unders understand that this program is des		•	•	
I acknowledge that I have read a	and understand m	ny responsibilities as a MI	DWEST Scholar.	
Signature		Date		
I consent to let my son or daught	ter participate in	the mentorship program	as a MIDWEST Scholar	
Signature		Date		
Parents or Guardians—Please co	omplete the follow	wing:		
Phone (Work):	I	Phone (Work):		
Phone (Cell):	F	Phone (Cell):		
E-mail:	I	E-mail:		