



Choctaw Nation - Project Pehlich WILL
2025 High School Summer STEAM Camp- Jones Academy
 (Science, Technology, Engineering, Arts, and Mathematics)
June 1st – June 6th, 2025
STUDENT APPLICATION (Grades 9th – 12th)

Please submit the following items with your completed application by **April 1, 2025** to steamcamp@choctawnation.com or mail to: CNO Project Pehlich WILL STEAM CAMP/Jones Academy, 909 Jones Academy Road, Hartshorne, OK 74547.

- 1) Copy of your CDIB CARD 2) Copy of your current transcript 3) Recommendations 4) Copy of your most recent test scores (e.g., EOI, OCCT, Explore, Plan, ACT)

Name _____ Gender _____ Date of Birth _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Student's Email _____ Student's Cell _____ Home Phone _____
 Parent's Name _____ Email _____ Cell _____
 Choctaw Indian? Yes No If No, list tribe _____
 School Name _____ Grade in 2024-25: 8 9 10 11 Overall GPA _____
 Math and Science courses taken in 2024-25 academic year _____
 Math and Science courses enrolled in or planning to enroll in for 2025-26 academic year _____

1. **I plan to pursue college/university when I finish high school.** Yes No Not Sure
2. **I plan to enroll in a vocational/technology program when I finish high school.** Yes No Not Sure
3. **My parents/guardians encourage me to attend college or a vocational/technical school after graduation.**
Yes No Not Sure
4. **I have a specific career goal.** Yes No Not Sure
5. **I am interested in a career in science, technology, engineering, arts and/or mathematics.** Yes No Not Sure

TO BE READ AND SIGNED BY STUDENT

If selected to participate in the Choctaw Nation Summer STEAM Camp, I agree to the following:

- To attend all sessions of the camp.
- To conduct myself in a way to bring credit to myself, my family, my community, my school, and the Choctaw Nation Summer STEAM Camp.
- To abide by the rules and regulations set forth in the Choctaw Nation Summer STEAM Camp Handbook for the entire length of time that I am a participant of the program.

I understand the goal of the Choctaw Nation Summer STEAM Camp is to increase my exposure to and skills in science, technology, engineering, art, and mathematics in order to help me to successfully transition to postsecondary education.

TO BE READ AND SIGNED BY PARENT/GUARDIAN

I certify that the information I have given on this application is correct. If my child is accepted as a participant, I give my permission to attend all activities of the program. I give my permission for the Choctaw Nation Summer STEAM Camp staff to have access to all educational records necessary for participation in the STEAM Camp, including but not limited to, high school transcripts, achievement test scores, and attendance/behavioral records.

Student Signature

Date

Parent Signature

Date

Counselor Recommendation

This page is to be completed by the School Counselor. Counselor, please return this form by **April 1, 2025** to:
steamcamp@choctawnation.com

Or mail to: Choctaw Nation/Project Pehlichy WILL Summer STEAM Camp
Jones Academy
909 Jones Academy Road
Hartshorne, OK 74547

Student's Name _____ School _____ Grade _____

Please answer all questions according to your evaluation of the student's present situation. Your evaluation will be kept strictly confidential and will be used only by the STEAM Camp staff to make selections for participation.

Check the box that represents the most appropriate response for the student.

Integrity and character

Excellent Above Average Average Below Average Poor

Emotional maturity

Excellent Above Average Average Below Average Poor

Cooperation with others

Excellent Above Average Average Below Average Poor

What is this student's potential in the fields of science, technology, engineering, and/or mathematics?

Excellent Above Average Average Below Average Poor

What is this student's potential or desire to continue his/her education beyond high school?

Excellent Above Average Average Below Average Poor

What is your overall recommendation?

Enthusiastic with no reservations

With reservations

I do not recommend this student for participation in the Choctaw Nation Summer STEAM Camp

Please use the space below for any comments that may be helpful to the STEAM Camp staff in selecting participants.

Counselor Contact Info:

Name _____ Phone _____ Email _____
(Please Print)

Signature _____ Date _____

Teacher Recommendation

This page is to be completed by a Science, Technology, Arts, or Math Teacher. Teacher, please complete this form by **April 1, 2025** and return to: steamcamp@choctawnation.com

Or mail to: Choctaw Nation/Project Pehlich WILL Summer STEAM Camp
Jones Academy
909 Jones Academy Road
Hartshorne, OK 74547

Student's Name _____ School _____ Grade _____

Please answer all questions according to your evaluation of the student's present situation. Your evaluation will be kept strictly confidential and will be used only by the STEAM Camp staff to make selections for participation.

Subject(s) do/did you teach this student _____

How would you rank the student's interest in academic work?

Excellent Above Average Average Below Average Poor

Please rank the quality of the student's participation in your class

Excellent Above Average Average Below Average Poor

Indicate your opinion of the student's academic abilities

Excellent Above Average Average Below Average Poor

How would you rate the student's regard to authority?

Excellent Above Average Average Below Average Poor

What is this student's potential in the fields of science, technology, engineering, and/or mathematics?

Excellent Above Average Average Below Average Poor

What is this student's potential or desire to continue his/her education beyond high school?

Excellent Above Average Average Below Average Poor

What is your overall recommendation?

Enthusiastic with no reservations

With reservations

I do not recommend this student for participation in the Summer STEAM Camp

Please use the space below for any comments that may be helpful to the Choctaw Nation STEAM Camp staff in selecting participants.

Teacher Contact Info:

Name _____ Phone _____ Email _____
(Please Print)

Signature _____ Date _____

Personal Letter of Recommendation

Please submit a personal letter of recommendation on your behalf by a non-family reference attesting to how they know you, how long they have known you, and your character. Applications will not be reviewed or considered for participation without a letter of recommendation.

To the STEAM Camp Application Review Committee,

Sincerely,

Signature _____ Date _____

Contact Info:

Name _____ Phone _____ Email _____

(Please Print)