

Iowa National Summer Transportation Institute

For Students Entering 7th, 8th, or 9th Grade

APPLICATION

(Please Print Clearly.)

Name:			
Race:	Gender:	Date of Birth:	
Address:		City/State/Zip	
School Attending Fall 2022:			
Parents/Guardian:			
Address (if different):			
Telephone: (Home)		(Work)	
Student Email:		Parent Email:	
Are you able to attend the entire INSTI?		<input type="radio"/> Yes	<input type="radio"/> No
Grade Point Average:		How Did You Learn About the INSTI?	
School Contact:		Title (e.g. Counselor, Teacher):	
School Contact Phone:		School Contact Email:	
During the 2022-23 school year, I will be in the: (Check One)		<input type="radio"/> 7 th Grade	<input type="radio"/> 8 th Grade
<input type="radio"/> 9 th Grade			
List your math and science classes: (most recent)			
Math:		Science:	
Math:		Science:	
Career Interest: (Please select only two)	<input type="radio"/> Transportation	<input type="radio"/> Architecture	<input type="radio"/> Computer Science
	<input type="radio"/> Environment	<input type="radio"/> Business	<input type="radio"/> Engineering
	<input type="radio"/> Technology	<input type="radio"/> Construction	<input type="radio"/> Marketing
	<input type="radio"/> Scientific Research	<input type="radio"/> Criminal Justice	<input type="radio"/> Law
	<input type="radio"/> Other	<input type="radio"/> Other	
Accommodations: Please identify any accommodations that you might need to support your participation. (e.g. Braille, Interpreting Service, additional personal support, and special diet)			
Computer Access: Please identify any accommodations you might need to have for computer access during the INSTI.			

Awards/Achievements/Organizations (Attach a list of awards, achievements, and organization memberships.)
 Required Essay: Describe your career objective(s), your interest in transportation, and how the INSTI can assist you in reaching your goals. Your essay must be typed or clearly printed and cannot be more than one (1) page.

Additional Information: Please enclose at least one letter of recommendation and your academic transcript. Application will not be processed with incomplete information. Submit to Patti Bahr, S277C CDD, University of Iowa Health Care, Iowa City, IA 52242, or patricia-bahr@uiowa.edu.

 Signature & Date (Parent)

 Signature & Date (Student)