



## AccessSTEM Team Application

For high school, college, and graduate students with disabilities interested in STEM careers, mentoring, and internships.

The *Alliance for Students with Disabilities in Science, Technology, Engineering, and Mathematics (AccessSTEM)* is working to increase the number of people with disabilities in STEM careers. *AccessSTEM* is recruiting students who show interest and aptitude in STEM to become members of the *AccessSTEM* Team. Apply today!

### *AccessSTEM* Team members

- engage in an online community of peers and professionals that help guide students through transitions to college, graduate school, and employment
- receive information about paid internships, research experiences, and other work-related opportunities
- attend *AccessSTEM* events and activities
- communicate with professionals in STEM fields

### Eligibility

High school, college, or graduate students with disabilities in the United States are eligible to be *AccessSTEM* Team members. Priority is given to students who demonstrate an interest and aptitude in pursuing professional careers in STEM fields.

### How to Apply

Submit the following by postal mail, fax, or email. Applications are accepted on an ongoing basis. Please contact us if you would like assistance in completing any portion of your application.

#### 1. **Application Form and Participation Agreement**

Complete the attached forms, including parent or guardian signature(s) if you are under eighteen years of age.

#### 2. **Paragraph**

Submit a paragraph with your application explaining why you are interested in participating in *AccessSTEM*, and how participation will help you reach your career goals. Include school honors, extracurricular and community activities, work-related experiences, and any other relevant information about yourself.

#### 3. **Recommendation**

Submit one letter of recommendation from a teacher, faculty member, or someone who has worked with you closely.

#### 4. **Resume**

Submit an up-to-date copy of your resume.



## About AccessSTEM

DO-IT (Disabilities, Opportunities, Internet-working, and Technology) at the University of Washington sponsors the *AccessSTEM* project for the purpose of increasing the participation of people with disabilities in STEM careers. It is funded by the National Science Foundation (Award #HRD-0227995 and HRD-0833504).

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## AccessSTEM

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Founder and Director: Sheryl Burgstahler, Ph.D.

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## AccessSTEM Team Application

Date: \_\_\_\_\_

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address (street, city, state, zip): \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name and address of parent/guardian (if under 18): \_\_\_\_\_  
\_\_\_\_\_

Parent Email (if under 18): \_\_\_\_\_

Parent Phone (if under 18): \_\_\_\_\_

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Disability: \_\_\_\_\_

Ethnicity (optional; select one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (optional; select one or more):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Pacific Islander ☐ White

Veteran or military service (optional): ☐ yes ☐ no

Describe any accommodations that you may need to participate in an internship:

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Are you currently enrolled in:

- ☐ high school   ☐ community college   ☐ tech college  
☐ four-year university/college   ☐ graduate school

School name: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

City/State: \_\_\_\_\_ Major(s) (if applicable): \_\_\_\_\_

Specific career interests: \_\_\_\_\_ GPA: \_\_\_\_\_

Citizenship (select one): ☐ U.S. citizen   ☐ Permanent resident ("green card")  
☐ U.S. national (born in American Samoa/Swains Island or descendent of U.S. national)  
If not a U.S. citizen, do you have a right-to-work permit?   ☐ Yes   ☐ No

How did you hear about *AccessSTEM*?   ☐ *Opportunities!* Newsletter   ☐ other publication  
☐ email announcement   ☐ website   ☐ poster   ☐ presentation/meeting

☐ friend (name): \_\_\_\_\_   ☐ other (name): \_\_\_\_\_

## Participation Agreement

As a member of *AccessSTEM*, you must actively communicate with *AccessSTEM* staff, peers, and mentors. *AccessSTEM* Team are expected to:

- Log on to email at least once per week and read and respond to email messages.
- Notify *AccessSTEM* staff of any changes in your contact information, or your ability to participate in *AccessSTEM* internships and activities.

Although we will work with *AccessSTEM* Team members to plan and initiate disclosure of disabilities to potential employers, schools, or other organizations in conjunction with *AccessSTEM* activities, your disability may be disclosed or implied.

DO-IT may request a criminal background check of program participants. Applicants must report any past convictions to DO-IT at the time of application and any further charge or conviction at the time it occurs.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

### For Applicants Under the Age of 18 Years

I give permission for my son/daughter to participate in *AccessSTEM* activities and events. I have read and agree to the above conditions, including the Participation Agreement expectations.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## Audio/Visual Release Agreement

I hereby agree to participate in the creation of media materials by DO-IT (Disabilities, Opportunities, Internetworking, and Technology) and by DO-IT project partners. I understand that various materials may be created from or associated with my participation in DO-IT events or programs, including the following ("Media Materials"):

- Audio and/or video recordings with text transcripts or summaries
- Photographs, including photographs of me
- Biographical information about me including name, disability, age, interests, city and state of residence, and name of school.

To the extent I may own rights in the Media Materials, I hereby give permission in perpetuity and irrevocably to DO-IT to include the Media Materials in digital, print, or other projects ("Projects"). I understand and agree that including the Media Materials in the Projects means that they may be copied, distributed, displayed, and performed in various media, now known or later developed, including without limitation websites, print media, and exhibits. Except for the permission I am granting here, I retain ownership and all rights I may have in the Media Materials.

I understand and agree that I will receive no monetary payment for the permission I am granting in this Agreement. This Agreement expresses the complete understanding of the parties.

\_\_\_\_\_  
*First Name, Middle Initial, and Last Name of Participant (please print)*

\_\_\_\_\_  
*Signature of Participant*

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

*For Participant under 18 years of age, please have a parent/guardian complete the following:*

### Parent/Guardian Permission Statement

I, \_\_\_\_\_, hereby certify that I am the parent and/or  
*Name of Parent/Guardian*

guardian of \_\_\_\_\_. I agree to the above statement.  
*Name of Participant*

\_\_\_\_\_  
*Signature of Parent/Guardian*

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