

The Society of Hispanic Professional Engineers

Advancing Careers in Engineering Camp 2018

Texas A&M University

April 6th – April 8th, 2018



Howdy!

On behalf of the Texas A&M University Student Chapter of the Society of Hispanic Professional Engineers (TAMU SHPE), we would like to thank you for taking the time to explore our organization and our event "Advancing Careers in Engineering". Throughout the twenty four year history, TAMU SHPE has continuously strived for excellence, and our unique spirit and dedication have produced many leaders within our organization.

TAMU SHPE is an organization committed to service, enhancing leadership and communication skills, and promoting Hispanics retention rates in STEM areas of study. It is with great pleasure that we have the opportunity to host Advancing Careers in Engineering for High School students from different regions in the state of Texas.

The purpose of Advancing Careers in Engineering (ACE) is to entice students to pursue engineering or science disciplines and to join SHPE as incoming freshman. We target 10th and 11th grades high school students who plan to pursue a STEM career in college. Activities will include a tour of the A&M campus, physics festival, as well as Engineering labs. Students will also participate in an Engineering Challenge where they will be exposed to fundamental engineering principles. Our goals for this program are:

- Expose students to the opportunities available at Texas A&M and the engineering program.
- Promote academic opportunities among the Hispanic students in the fields of engineering, math and science.
- Promote the recruitment of high school and college students into engineering, math science and technology careers.

We highly encourage your students to apply to be a part of ACE Camp 2017, so that they can enjoy this exciting, weekend long event at Texas A&M. Below are the applications forms that need to be filled out by any students that are interested in participating. Your student will benefit greatly from this experience by getting a taste of what it means to be an engineering student at Texas A&M.

The whole event is free of cost. We only ask students to provide their own transportation to and from the campus. The deadline for students to apply is **11:59 pm, Sunday, March 11th, 2018**. To apply, completely fill this application, scan and email it back to us at tamushpe@gmail.com.

Only 25 students will be selected out of the pool of applicants. The selection will be based entirely on your application and its completeness, so make sure you answer everything thoroughly. The students that get selected will be notified via email one week after the deadline. **Students selected for the program should expect a confirmation email no later than Sunday, March 18th, 2018**. In the given case that you don't receive an email after March 18th, 2017, you can assume your application was not selected amongst the pool of applicants. Good luck to everyone! Please respond by March 25th by 11:59 pm, if you do not respond by this date your spot will be given to another student.

Sincerely,

Bladimir Corpus
Director of External Affairs
Texas A&M SHPE 2017-2018

Event Itinerary

Friday	April 6th, 2018		
	Check-In	ETB Lobby	5:00-6:00 pm
	Security and Event Overview	ETB 1034	6:00-6:30 pm
	Dinner	SBISA	6:45-8:00 pm
	Scavenger Hunt	MSC	8:00-10:45 pm
	Arrive at Dorm	Mosher Hall	11:00 pm
	Curfew	Mosher Hall	11:15 pm
Saturday	April 7th, 2018		
	Breakfast	ETB1034	8:00-8:45 am
	TAMU SHPE Presentation	ETB1034	8:45-9:30 am
	Physics Festival	MPHY	9:30-10:30 am
	Campus Tour		10:30-12:00 pm
	Bookstore Visit	MSC	11:45-12:15 pm
	Lunch & Student Panel	ETB1020	12:30-1:30 pm
	Hackathon		2:00-3:00 pm
	Boat Building Competition	ETB1020	3:00-5:00 pm
	Sports/Dinner	Spence Park	5:00-7:00 pm
	Arrival at Rooms	Mosher Hall	7:15 pm
	Depart to REC Center		7:30 pm
	Recreational Activities	REC Center	7:45-10:00 pm
	Arrive at Dorm	Mosher Hall	10:15 pm
	Curfew	Mosher Hall	10:30 pm
Sunday	April 8th, 2018		
	Breakfast	ETB1034	8:00-8:45 am
	Check-Out	ETB1034	8:45-9:30 am
	Depart College Station		10:00 am

Student Application

Last name	First Name	Middle Initial	
Email	Phone Number	Text: Y/N	
Home Address			
City	State	Zip	
Emergency Contact #1 Name		Relationship	Phone Number
Emergency Contact #2 Name		Relationship	Phone Number
T-Shirt Size: _____			
Tell us a little about why you are interested in pursuing a career in a STEM field.			

Society of Hispanic Professional Engineers TAMU Advancing Careers in Engineering

**Student Waiver Form
TEXAS A&M UNIVERSITY CAMP & ENRICHMENT
PROGRAM**

**WAIVER, INDEMNIFICATION, AND MEDICAL
TREATMENT AUTHORIZATION FORM**

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of SHPE Advancing Careers in Engineering (herein referred to as "camp"), which is sponsored by The Society of Hispanic Professional Engineers (SHPE), (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.
2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to college campus tour, engineering college workshops, and engineering design competition/activities, and I choose to voluntarily participate/ allow my child to in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my /my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.
4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility.

I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participants Date of Birth: _____

Parent or Legal Guardian Signature: _____
(If Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____
(If Participant is under 18 years old)

In case of emergency contact _____

At the following number _____

If the participant has medical Insurance, please Indicate :

Insurance Company : _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require: _____

TAMUS-OGC- Approved 06/2007



**Society of Hispanic Professional Engineers, Inc.
Advancing Careers in Engineering (ACE) Program**

**LIABILITY RELEASE, PARENT PERMISSION AND EMERGENCY
CONTACT FORM**

I hereby state that I, _____, am the custodial
parent/legal guardian (please print)

parent or legal guardian of _____, a minor. I therefore, grant
student (please print)

permission for this student to attend/participate in any sponsored field trips or to attend any authorized activities as part of the ACE Program.

I understand that the Society of Hispanic Professional Engineers, Inc. (SHPE) and its affiliated staff will not be liable for any unauthorized leave by the above named student. I further understand that such unauthorized leave will be the responsibility of the student and the parent or the legal guardian as the signatory below.

I, _____, release and save harmless SHPE and any and all of
parent/legal guardian (please print)

its employees or volunteers from any and all liability for any and all harm arising to my son/daughter as a result of the field trips and/or activities, and waive any claims against them.

In the event of an emergency and if neither emergency contact can be reached; I, the undersigned, authorize SHPE to take any emergency medical measures deemed necessary for the care and protection of my child. This includes, if necessary, treatment by a physician, paramedic and/or transfer to the hospital. I give permission for limited treatment for minor illness and/or injuries. In case of emergency, the student will be referred to the nearest medical facility for care at the expense of the parent under insurance provided by the student's insurance.

Students should immediately report any injury or illness symptom to the chaperone or SHPE. Failure to report such a condition would be the sole responsibility of the student and SHPE will not be held responsible in case the situation worsens.

In case of emergency, please contact the following:

Emergency Contact #1

Name _____

Relationship _____

Home Phone (____) _____

Work Phone (____) _____

Emergency Contact #2

Name _____

Relationship _____

Home Phone (____) _____

Work Phone (____) _____

Parent/Guardian Signature _____

Date _____

Name of Student (PLEASE PRINT) _____

_____/_____/_____
Date of Birth

Age of Student _____

Name of School _____



**Society of Hispanic Professional Engineers, Inc.
Advancing Careers in Engineering (ACE) Program**

PHOTOGRAPH RELEASE AND CONSENT FORM

Name of Student: _____

Age: _____ School: _____ Grade: _____

I, _____ hereby, give permission to the
Parent/legal guardian (please print)

Society of Hispanic Professional Engineers, Inc. (**SHPE**) to photograph or video tape my child, _____, only during their participation in the ACE pre-

Student (please print)
college program. I further give permission to use their photographs and statements featuring their involvement in the ACE pre-college day activities; for SHPE publication purposes during or after this event.

Parent/Guardian Signature

Date

Parent/Guardian Telephone: _____

Parent/Guardian Address: _____

Please note: When photograph, videos, or quotes are used in SHPE's publications a copy of the publication is sent to the school



**Society of Hispanic Professional Engineers, Inc.
Advancing Careers in Engineering (ACE) Program**

**STUDENT DEMOGRAPHIC FORM
HIGH SCHOOL**

What GRADE are you in? (circle one): 9 10 11 12

How OLD are you? (circle one): 14 15 16 17 18

I am a: Male Female

NAME of your SCHOOL: _____ **CITY and STATE:** _____

I am (Choose ALL That Apply):

<input type="checkbox"/> Central/South American	<input type="checkbox"/> Cuban	<input type="checkbox"/> Mexican American	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> African American	<input type="checkbox"/> Asian American	<input type="checkbox"/> Native American	<input type="checkbox"/> White/Anglo
<input type="checkbox"/> Other: _____			

My MOTHER'S HIGHEST EDUCATION is (Choose only ONE)

<input type="checkbox"/> Less than 8 th grade	<input type="checkbox"/> Some high school	<input type="checkbox"/> High school diploma	<input type="checkbox"/> GED
<input type="checkbox"/> Some College	<input type="checkbox"/> Associates degree	<input type="checkbox"/> Bachelors degree	<input type="checkbox"/> Masters degree
<input type="checkbox"/> Doctorate/Professional	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't have a mother/stepmother	

My FATHER'S HIGHEST EDUCATION is (Choose only ONE):

<input type="checkbox"/> Less than 8 th grade	<input type="checkbox"/> Some high school	<input type="checkbox"/> High school diploma	<input type="checkbox"/> GED
<input type="checkbox"/> Some College	<input type="checkbox"/> Associates degree	<input type="checkbox"/> Bachelors degree	<input type="checkbox"/> Masters degree
<input type="checkbox"/> Doctorate/Professional	<input type="checkbox"/> I don't know	<input type="checkbox"/> I don't have a father/stepfather	

Yes No
Yes No

I have brothers or sisters in college

I have brothers or sisters who graduated from college

For LUNCH at SCHOOL, I usually: pay regular price bring my lunch from home
 pay a reduced price get a free lunch ticket

I have taken or am taking the following MATH classes (Choose ALL That Apply):

<input type="checkbox"/> General Math	<input type="checkbox"/> Pre-Algebra	<input type="checkbox"/> Algebra	<input type="checkbox"/> Geometry	<input type="checkbox"/> Algebra II
<input type="checkbox"/> Trigonometry	<input type="checkbox"/> Pre-Calculus	<input type="checkbox"/> Calculus I	<input type="checkbox"/> Calculus II	<input type="checkbox"/> Statistics
<input type="checkbox"/> Other: _____				

I have taken or am taking the following SCIENCE classes (Choose ALL That Apply):

<input type="checkbox"/> General Science	<input type="checkbox"/> Earth/Physical Science	<input type="checkbox"/> Integrated Science/Lab	<input type="checkbox"/> Biology I
<input type="checkbox"/> Biology II	<input type="checkbox"/> Chemistry I	<input type="checkbox"/> Chemistry II	<input type="checkbox"/> Physics (not physical sci.)
<input type="checkbox"/> Physiology	<input type="checkbox"/> Intro Computer Science	<input type="checkbox"/> Computer Programming	
<input type="checkbox"/> Other: _____			

I like MATH: Very Much Much Some Very little Not at All
I like SCIENCE: Very Much Much Some Very little Not at All

I want to go to college: Yes No I Don't Know

Which college do you WANT to go to STUDY?
 What do you WANT TO STUDY?

What type of job/career do you want to work in? _____

BEFORE TODAY, how many SHPE activities have you attended? _____

If you are in grades 9 – 12 completed this section.

CHOOSE ONE: I have taken the PSAT I plan to take the PSAT I will not take the PSAT

How many AP classes have you completed? 0 1 2 3 4 5 6 7 8 9 10+

How many AP MATH classes have you completed? 0 1 2 3 4 5+

How many AP SCIENCE classes have you completed? 0 1 2 3 4 5+

How many Honors classes have you completed? 0 1 2 3 4 5 6 7 8 9 10+

How many Honors MATH classes have you completed? 0 1 2 3 4 5+

How many Honors SCIENCE classes have you completed? 0 1 2 3 4 5+

Please include your name, email address, and mailing address:

Name	Email Address
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Street	City	State	Zip
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Yes No **I give SHPE permission to place me on their mailing list and/or email list to receive information about college opportunities including scholarships.**

If you are in 12th grade, complete this section.

CHOOSE ONE: I have taken the ACT I plan to take the ACT I will not take the ACT

CHOOSE ONE: I have taken the SAT I plan to take the SAT I will not take the SAT

CHOOSE ONE: I have submitted the FAFSA I plan to submit the FAFSA I will not submit the FAFSA

My approximate high school GRADE POINT AVERAGE is:

95–100 (A+ or 4.00)	90–94 (A or 4.00)	85–89 (B+/B- or 3.50–3.99)
80–84 (B or 3.00–3.49)	75–79 (C+/B- or 2.50–2.99)	70–74 (C or 2.00–2.50)
65–69 (D+/C- or 1.50–1.99)	60–64 (D or 1.00–1.49)	59 and below (F or below 1.00)

I APPLIED to the following COLLEGES/UNIVERSITIES:

I have been ACCEPTED to the following COLLEGES/UNIVERSITIES:

I would PREFER to ATTEND this ONE COLLEGE/UNIVERSITY: _____

Yes No **I give SHPE permission to contact me for additional information.**

If, YES, please include your name and mailing address in the section above.