

## ASPIRE Program Student Application

### STEPS TO COMPLETE APPLICATION:

STEP 1: DOWNLOAD AND COMPLETE THIS APPLICATION

STEP 2: PRINT COMPLETED APPLICATION AND ALL OTHER REQUIRED DOCUMENTS

STEP 3: THE STUDENT APPLICANT AND PARENT/LEGAL GUARDIAN MUST SIGN, BY HAND, THE ASPIRE PROGRAM TERMS AND AGREEMENT FORM USING BLUE OR BLACK INK.

WITHOUT PARENTAL/ LEGAL GUARDIAN CONSENT THIS APPLICATION CANNOT BE PROCESSED.

STEP 4: CONFIRM THAT YOU HAVE ALL THE REQUIRED DOCUMENTS AND THAT YOUR APPLICATION IS COMPLETE THEN MAIL YOUR APPLICATION PACKAGE TO THE ASPIRE PROGRAM OFFICE

PROGRAM OFFICE LOCATED AT:  
ASPIRE PROGRAM



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K. What is your cumulative grade point average (weighted or unweighted)? \_\_\_\_\_

L. List school organizations and activities in which you are involved. Mention leadership positions you have held.

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M. List awards, honors or recognition you have received in and/or out of school:

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N. What size t-shirt do you prefer?

- Small
- Medium
- Large
- X-Large
- XX-Large

O. Do you have any dietary restrictions? If so, please list any and all dietary restrictions so that we may plan accordingly:

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P. Student Essay Type a one-page essay on one of the following topics:

- A. The science or research project that you would personally like to do.
- B. A particular problem in science that you feel needs to be addressed.
- C. Your relationship as an individual to society, science and/or technology.
- D. Something you feel is of particular importance or significance to society.

Q. Test Scores Please submit test scores taken (PSAT, SAT, PACT, ACT, etc.) available

R. Recommendation Letter From your teacher, counselor or principal.

Program Fee: \$3,000 Payable only upon acceptance to the program.





## ASPIRE STUDENT APPLICANT CHECKLIST

- 9 Completed ASPIRE Student Application
- 9 Signed ASPIRE Program Terms and Agreement Form
- 9 Test scores of all standardized tests taken (PSAT, SAT, PACT, ACT, etc.)
- 9 One-page essay
- 9 Completed and Submitted Teacher Evaluation & Letter of Recommendation

IF YOU HAVE QUESTIONS, PLEASE EMAIL [ASPIRE@ssmhealth.com](mailto:ASPIRE@ssmhealth.com)  
OR  
CALL (314) 577-5606.

THANK YOU FOR YOUR INTEREST IN THE ASPIRE PROGRAM!