Texas State University
National Summer Transportation Institute
Two-Week Residential Program
July 18 – July 30, 2021

Program Overview

The TXST NSTI Program aims to introduce a diverse group of motivated pre-college students to the transportation industry and encourage them to pursue transportation related studies and careers. During the two-week residential program, students will participate in academic and enhancement activities designed to improve their skills in science, technology, engineering, mathematics (STEM). The selected students will participate in on-campus activities and off-campus field trips. The program strives to:

- Increase students’ awareness of different transportation modes
- Heighten students’ understanding of the importance of different transportation modes and solutions
- Expose students to a variety of transportation careers
- Improve students’ creativity, analytical, and problem-solving skills
- Develop students’ interpersonal, collaboration, and leadership skills
- Provide college and career guidance

To be eligible, applicant must:

- be interested in STEM and transportation
- be at the time of NSTI program, 9th to 12th grader
- have cumulative grade point average (GPA) at least 2.5/4.0

The application deadline for the program will be May 21, 2021.
A complete application packet MUST include the following:

**Part A: Student Section**

1) Cover Sheet

2) A completed application form

3) A current copy of the student’s school transcripts

4) A personal statement (250-500 words). In the statement, provides the answers for the following questions: Why are you interested in participating in the program? How can it assist you in meeting your career goals? What do you hope to gain from participating?

5) A recommendation letter from a teacher or counselor.

**Part B: Parent Section**

To be completed and signed by parent or guardian

**Part C: Teacher Recommendation**

To be completed and signed by teacher or counselor

**Email Address**

Please scan the entire application package and email it to f_w34@txstate.edu

Selection will be based on the strength of each candidate’s application packet, including their GPA, personal statement and recommendation.
Texas State University
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Program Application Packet
Cover Sheet

STUDENT’S NAME ________________________________

SCHOOL ________________________________

SCHOOL DISTRICT/COUNTY ________________________________

__________________________________________
Signature of Student  Date

__________________________________________
Signature of School Counselor  Date
Application Form

PART A: STUDENT SECTION (Please type or print clearly.)

Student’s Name: ___________________________ SS#: ___________________________

Home address: ___________________________ City: __________ State ______ Zip: _______

Cell phone: ___________________________ E-mail: ___________________________

Grade for the 2021-2022 School Year: (Check one.) □ 9th □ 10th □ 11th □ 12th

Gender: □ Female □ Male Date of Birth: __________ Grade Point Average (GPA): _______

Ethnicity: □ African American □ Asian American □ Caucasian □ Hispanic □ Others

Name of Parent/Guardian: __________________________________________________________

Home address: ___________________________ City: __________ State: ______ Zip: _______

Telephone: (Home) ___________________________ (Cell) ___________________________

School Attending Fall 2021: _______________________________________________________

Address of School to be attended in Fall 2021: ______________________________________

____________________________________________________________________________

School Telephone Number: ___________________________ FAX: _______________________

Do you have a disability or special needs? If so, please describe: _______________________

____________________________________________________________________________

Do you have a dietary restriction? If so, please describe: _____________________________

____________________________________________________________________________

Career of Interests: (Check those of your interest)

□ 1) Civil Engineering □ 2) Computer Engineering □ 3) Biomedical Engineering
□ 4) Electrical Engineering □ 5) Computer Science □ 6) Sciences □ 7) Business
□ 8) Urban Planning □ 9) Pre-Medical Program □ 10) Others__________ (Please specify)
PART B: Parent’s/Guardian’s Information and Permission

Student’s Name: ____________________________________________________________

Parent/Guardian: __________________________________________________________

Address: ___________________________ City: __________ State: _______ Zip: ________

Telephone: (Home) ___________________________ (Cell) __________________________

Employer: __________________________________________________________________

Employer Address: __________________________________________________________

Telephone: ___________________________ E-mail: ________________________________

Choose the yearly income range that best represents your family (it is NOT related to the final selection of student admission to the NSTI. The data collection is optional, which is confidential and only used for educational research):

☐ Less than $15,000; ☐ $15,000-$29,999; ☐ $30,000-$44,999; ☐ $45,000-$59,999; ☐ $60,000-$74,999; ☐ $75,000+

WE/I permit ___________________________________________ (student’s name) to be considered for participation in National Summer Transportation Institute program on Texas State University campus. I understand that, if he/she is selected to participate, the program is residential and therefore transportation to and from the University campus Monday through Friday will be the responsibility of the parents/guardians and the student. Lunch is provided. I further understand that NSTI students are required to abide by University rules and regulations and that failure to abide by such rules and regulations may be cause for immediate dismissal. I also understand that parents/guardians of student participants are required to attend the opening and closing session of the program.

Signed: ___________________________ Date__________________________

Parent/Guardian
PART C: TEACHER RECOMMENDATION

This section is to be completed by the teacher who is recommending the student whose name is shown below.

Student’s Name: ________________________________

Teacher’s Name: ________________________________

Subject(s) taught for student: ____________________

Please estimate the extent to which the student has demonstrated the qualities listed below when compared with other students that you have taught by checking (√) your response according to the following scale:

1-5 Scaling: 5 is the Highest and 1 is the Lowest

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<th>Qualification</th>
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<td>Potential to cope in a college environment for a 3-week period</td>
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In the space below, please provide additional comments which you believe would be helpful to the screening and selection committee for student participation in the Program.

Signature of Teacher ___________________________ Date ________________

Site: RFM 5213, 601 University Dr, San Marcos, TX 78666; Phone: 512-245-5180; Fax: 512-245-7771; Email: f_w34@txstate.edu
Texas State University
UPPS 05.06.03 Student Travel
Authorization for Medical Treatment For Minors

I, ______________________________________, the __________________ of ____________________________.
(name of parent/legal guardian) (relation to child) (printed name of child)
give the child named above permission to use transportation provided by Texas State University and to participate
in this Texas State University travel-related activity. He/She has my permission to participate in all activities
related to this event.

I also give permission to an authorized Texas State University representative to furnish such medical care as the
child named above may require. Emergency treatment, i.e., treatment in the event of serious illness/injury or the
need for hospitalization and/or major surgery, is also granted. The Texas State representative will use all
reasonable efforts to contact the emergency reference names herein. Failure of such efforts, however, should not
prevent the representative from providing such medical and/or emergency treatment as may be necessary for the
best interest of the life of the child named above. I further understand and agree that Texas State University is
not liable, financially or otherwise, for any costs incurred as a result of such medical and/or emergency treatment
provided to the child named above.

Please complete the section below.

Name of Insurance Company: ____________________________ Policy #: ____________________________

Name of Family Physician: ____________________________ Phone #: ____________________________

In case of emergency, contact ________________________________________________________________

Work #: __________________ Home #: __________________ Relation to child __________________

Second Contact __________________________________________________________

Work #: __________________ Home #: __________________ Relation to child __________________

_________________________________________ ________________________
Date Printed Name (Parent or Legal Guardian)

______________________________ ____________________________
Signature (Parent or Legal Guardian)
Student Agreement Form

I , agree to participate in the National Summer Transportation Institute program from July 18 - July 30, 2021 without interruptions. A second agreement form will be sent to you after you have been selected through our selection procedure.

______________________________  __________
Signature                          Date

This form should be returned on or before May 21, 2021. It can be emailed to f_w34@txstate.edu
Release of Liability, Indemnification and Assumption of the Risk Agreement
(Form for Minors)

Name of Minor (Print): ________________________________

Name of Parent/Guardian (Print): ________________________________

Relationship to Minor (Print): ________________________________

Organization: ________________________________

Activity: ________________________________
(Please describe specifically the Activity)

Activity Dates: ________________________________

This is a Release of Liability, Indemnification and Assumption of Risk Agreement. Read it carefully and sign below. Completion of this form is required before the above-named Minor participates in the Activity. This document cannot be altered or modified by any verbal or written statements.

Initial

Releasees: The “Releasees” in this agreement are the Board of Regents, The Texas State University System, Texas State University, and all regents, directors, employees, agents, and officers and volunteers of such entities.

Initial

Assumption of Risks: To the best of my knowledge, the above-named Minor is in good health and has no physical limitations that would preclude or impede the above-named Minor’s participation in the Activity listed above (hereafter Activity). I am aware of the risks, perils and hazards connected with the Activity. I acknowledge that loss of property, personal or bodily injury, or death might result from the Activity and/or the acts of others. I voluntarily elect to allow the above-named Minor to participate and engage in the Activity knowing that the Activity may be hazardous to my property, the above-named Minor’s property and the above-named Minor. I voluntarily and expressly agree and promise that I assume full responsibility for property loss or damage, and for personal injury, including death, that I or the above-named Minor may sustain as a result of being engaged in the Activity, whether or not based on the negligence or other wrongful conduct of any of the Releasees.

Initial

INDEMNIFICATION: I ALSO AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND), AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LOSS, LIABILITY, DAMAGE, OR COSTS OF ANY NATURE WHATSOEVER, WHETHER NOW EXISTING OR HEREAFTER ARISING, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEY’S FEES, THAT THE RELEASEES MAY INCUR DUE TO THE ABOVE-NAMED MINOR’S PARTICIPATION IN THE ACTIVITY WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE. FOR EXAMPLE, I SPECIFICALLY AGREE TO INDEMNIFY, PROTECT, DEFEND (ON DEMAND) AND HOLD HARMLESS THE RELEASEES FROM ANY LOSSES THE RELEASEES MAY INCUR AS A RESULT OF THE ABOVE-NAMED MINOR’S INJURIES OR DEATH, AND/OR THE ABOVE-NAMED MINOR INJURING ANOTHER PERSON OR DAMAGING ANOTHER PERSON’S PROPERTY WHILE PARTICIPATING IN THE ACTIVITY.
Release of Liability, Indemnification and Assumption of Risk Agreement, Cont’d

THE INDEMNITY OWED BY ME AS SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES’ OWN NEGLIGENCE.

Release:  In consideration for facilitating the above-named Minor’s participation in the Activity I, individually and as the parent/guardian of the above-named Minor, release, discharge, and agree not to sue any of the Releasees for any claims, demands, actions, and causes of action of any nature whatsoever including without any limitation any claims of negligence, arising out of any loss or damage to my or the above-named Minor's property and/or any personal injury or death, that the above-named Minor may sustain whether or not caused by the negligence of any of the Releasees, while participating in the Activity, whether supervised or unsupervised, or while in transportation to or from the Activity.

THE RELEASE, DISCHARGE, AND COVENANT NOT TO SUE SET FORTH HEREIN IS SPECIFICALLY INTENDED TO INCLUDE CLAIMS CAUSED, OR ALLEGED TO HAVE BEEN CAUSED, IN WHOLE OR IN PART, BY THE RELEASEES’ OWN NEGLIGENCE.

Intent:  I intend that this Release of Liability, Indemnification and Assumption of the Risk Agreement bind not only me, but also the members of my family and my spouse, and my heirs, assigns, and personal representatives. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Release of Liability, Indemnification and Assumption of the Risk Agreement should be construed in accordance with the laws of the State of Texas.

Free Act:  I acknowledge that I have read and understand this Release of Liability, Indemnification and Assumption of Risk Agreement and understand that it is legally binding. I understand it and sign it voluntarily as my own free act.

I certify that I am the parent and/or legal guardian of ________________________________ (name of Minor), of lawful age (18 years or older) and legally competent to sign this Agreement.

______________________________  ____________________________
Signature of Legal Parent/Guardian  Date
EMERGENCY CONTACT FORM

Please complete this form as accurately as possible, attach a copy of your insurance card (front & back) and bring it with you on July 18, 2021.

Participant's Name

Father's name/Guardian(s)_________________________Employer's Name: ____________________

Phone #: __________________  Cell #: __________________

Mother's Name/Guardian (s)_________________________Employer's Name: ____________________

Phone #: __________________  Cell #: __________________

In the event of an emergency and neither parent/guardian can be reached, permission is given to the following for pick-up of participant:

Name_________________________Relationship_________________________Phone_________________________

Name_________________________Relationship_________________________Phone_________________________

Health Information: (Include allergies, chronic health conditions): ____________________________

Does your child take any medication on a daily basis at home (prescription/non-prescription)? If yes please the name and dosage of the medication.

__________________________

Signature of Parent/Guardian  Date

EMERGENCY TREATMENT AUTHORIZATION AND RELEASE

I hereby authorize necessary medical treatment in the event I cannot be reached and a medical emergency exists.

__________________________  ________________________

Signature of Parent/Guardian  Date