



**THREE VILLAGE  
CENTRAL SCHOOL DISTRICT**

*The mission of the Three Village Central School District, in concert with its families and community, is to provide an educational environment which will enable each student to achieve a high level of academic proficiency and to become a well-rounded individual who is an involved, responsible citizen.*

**Marnie Kula, Ph.D.**  
Director, InSTAR® Science Research  
[mkula@3villagecsd.org](mailto:mkula@3villagecsd.org)

### ***INSTAR® PROGRAM DESCRIPTION AND APPLICATION PROCEDURE***

Thank you for your interest in the InSTAR® program at Ward Melville High School. InSTAR® is a three-year program for students interested in science, technology and research. It culminates in the senior year with the *required* submission of an independent research project to the Regeneron Science Talent Search and participation in other science fairs.

Through involvement with InSTAR® students learn about the basics of scientific investigation including hypothesis design and testing, data collection and analysis, use of statistical methods, and the presentation of research projects in professional oral and written forms suitable for publication in scientific journals. This is accomplished through a combination of traditional instruction, “hands-on” experimentation, seminars, laboratory research and field trips. Student involvement in several science competitions including the Long Island Science & Engineering Fair, Long Island Science Congress, Toshiba Exploravision, the Brookhaven Bridge Building Competition, Siemens Science Competition and ultimately the Regeneron Science Talent Search is expected.

Successful participation in the InSTAR® program requires a great deal of personal commitment and motivation on your part. Most of the work takes place outside of the classroom and requires you complete projects independently and on time. This often includes weekends, vacations and summers which is especially true for the *required* senior-year independent research project you must submit to the Regeneron Science Talent Search. Grades for InSTAR® are determined by the effort put into your work and the timely submission of projects and assignments.

Due to the popularity of InSTAR® and staffing requirements, admission is selective and a limited number of students are accepted each year.

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**Principal:** Alan L. Baum, J.D. **Assistant Principals:** Erin Connelly, Rosanne DiBella, Kevin Finnerty

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380 Old Town Road ■ East Setauket, New York 11733-3499 ■ Telephone: 631-730-4900 ■ Fax: 631-730-4901

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Cheryl Pedisich, **Superintendent of Schools**  
Kevin Scanlon, **Assistant Superintendent for Educational Services**  
Jeffrey Carlson, **Assistant Superintendent for Business Services**  
Gary B. Dabrusky, Ed.D., **Assistant Superintendent for Human Resources**

**InSTAR® application instructions:**

1. Please print all required documents: 3 Teacher Recommendations, the Parent/Guardian Statement and the Student Information sheet.
2. Give one *Teacher Recommendation Form* to your science teacher, math teacher and humanities (English or social studies) teacher (3 total). Do this *as soon as possible* so they can complete these by the deadline. Your teachers will return the completed recommendation forms directly to your Junior High School Guidance Office **by Friday January 5<sup>th</sup>, 2018**.
3. Submit the following (stapled, *in the order given below*) to your Guidance Office as a single packet **no later than *Wednesday, January 10, 2018***:
  - a. An essay (**500 words maximum**) discussing a major scientific question or problem of interest to you. Please discuss how you might propose a solution that could have a significant impact over the next 20 years. Be specific and state why you feel it is important. Cite scientific sources where possible. Your essay must include your name and be in a *12-point font, double-spaced with 1" margins on top, bottom and sides*. Essays not meeting these criteria will result in point deductions.
  - b. The signed *Parent/Guardian Statement*.
  - c. Photocopies of last year's final report card and this year's 1<sup>st</sup> quarter grades. Note that your course levels and grades in math, science and English are very important in the selection process since you must be skilled in these basic areas to successfully undertake InSTAR®.
4. Complete the online *Student Information Form*, available on the Ward Melville High School page of the TVCSD website ([www.threevillagecsd.org/schools/ward\\_melville\\_high\\_school](http://www.threevillagecsd.org/schools/ward_melville_high_school)) and attach it to the top of your application.

If you have any questions about the application procedure or the program, please contact me. I thank you for your interest in joining InSTAR® and wish you success in your application! You will be notified regarding your admission before the February break in 2018.

Sincerely,



Marnie Kula, Ph.D.  
InSTAR® Program Director



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STUDENT APPLICANT'S NAME (Please Print) \_\_\_\_\_

**Confidentiality and Privacy Rights:** The Family Educational Rights and Privacy Act of 1974 (FERPA) states that students and their parents have a general right to inspect the educational records of the student. An applicant may, however, waive this right of access. If you wish this recommendation to remain confidential by waiving your right of access, please check the appropriate box and sign below:

- Yes, I do waive my right to access, and I understand that I will never see this form.
- No, I do not waive my right to access, and I may someday choose to see this form provided it is kept.

\_\_\_\_\_  
*Student Applicant's signature*

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

After signing, give this form to your science teacher. Please allow ample time for him/her to complete.

**SCIENCE TEACHER RECOMMENDATION FORM**

***To the Teacher:***

This student is applying to the InSTAR® science research program at Ward Melville High School, which is intellectually demanding and requires substantial independent effort outside of the classroom. If you choose to complete this recommendation, please give your honest appraisal of the student in each of the five categories listed below using the following 1 to 5 numeric ranking scale: (1) **Average** or below; (2) **Good**, above average; (3) **Excellent**, top 10%; (4) **Outstanding**, top 2-3%; OR (5) **One of the top few** I have ever encountered. Your evaluation is kept confidential provided the student waives his/her rights to access.

Ability to work Independently _____	Intellectual Strength _____	Adherence to Deadlines _____
Thoroughness _____	Motivation _____	Character/Honesty _____
Do you feel this student has the ability to maintain his/her current academic standing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please Provide Additional Comments:		

Please return directly to your school's Guidance Office no later than **January 5<sup>th</sup>**. Do not give completed form back to the student. If you have any questions, please contact me. Thank you for your time and consideration.

\_\_\_\_\_  
*Teacher's name (please print)*

\_\_\_\_\_  
*Subject Area*

\_\_\_\_\_  
*Teacher's signature*

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



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STUDENT APPLICANT'S NAME (Please Print) \_\_\_\_\_

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- No, I do not waive my right to access, and I may someday choose to see this form provided it is kept.

\_\_\_\_\_ *Student Applicant's signature* \_\_\_\_\_ *Date*

After signing, give this form to your math teacher. Please allow ample time for him/her to complete.

**MATHEMATICS TEACHER RECOMMENDATION FORM**

***To the Teacher:***

This student is applying to the InSTAR® science research program at Ward Melville High School, which is intellectually demanding and requires substantial independent effort outside of the classroom. If you choose to complete this recommendation, please give your honest appraisal of the student in each of the five categories listed below using the following 1 to 5 numeric ranking scale: (1) **Average** or below; (2) **Good**, above average; (3) **Excellent**, top 10%; (4) **Outstanding**, top 2-3%; OR (5) **One of the top few** I have ever encountered. Your evaluation is kept confidential provided the student waives his/her rights to access.

Ability to work Independently _____	Intellectual Strength _____	Adherence to Deadlines _____
Thoroughness _____	Motivation _____	Character/Honesty _____
Do you feel this student has the ability to maintain his/her current academic standing?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Please Provide Additional Comments:		

Please return directly to your school's Guidance Office no later than **January 5<sup>th</sup>**. Do not give completed form back to the student. If you have any questions, please contact me. Thank you for your time and consideration.

\_\_\_\_\_ *Teacher's name (please print)* \_\_\_\_\_ *Subject Area*

\_\_\_\_\_ *Teacher's signature* \_\_\_\_\_ *Date*



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STUDENT APPLICANT'S NAME (Please Print) \_\_\_\_\_

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- Yes, I do waive my right to access, and I understand that I will never see this form.
- No, I do not waive my right to access, and I may someday choose to see this form provided it is kept.

\_\_\_\_\_  
*Student Applicant's signature*

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

After signing, give this form to your humanities teacher. Please allow ample time for him/her to complete.

**HUMANITIES TEACHER RECOMMENDATION FORM**

***To the Teacher:***

This student is applying to the InSTAR® science research program at Ward Melville High School, which is intellectually demanding and requires substantial independent effort outside of the classroom. If you choose to complete this recommendation, please give your honest appraisal of the student in each of the five categories listed below using the following 1 to 5 numeric ranking scale: **(1) Average** or below; **(2) Good**, above average; **(3) Excellent**, top 10%; **(4) Outstanding**, top 2-3%; OR **(5) One of the top few** I have ever encountered. Your evaluation is kept confidential provided the student waives his/her rights to access.

Ability to work Independently _____	Intellectual Strength _____	Adherence to Deadlines _____
Thoroughness _____	Motivation _____	Character/Honesty _____
Do you feel this student has the ability to maintain his/her current academic standing? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Please Provide Additional Comments:		

**Please return** directly to your school's Guidance Office no later than **January 5<sup>th</sup>**. Do not give completed form back to the student. If you have any questions, please contact me. Thank you for your time and consideration.

\_\_\_\_\_  
*Teacher's name (please print)*

\_\_\_\_\_  
*Subject Area*

\_\_\_\_\_  
*Teacher's signature*

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



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STUDENT APPLICANT'S NAME (Please Print) \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT**

Dear Parents/Guardians,

Your child is applying to the InSTAR® Science Research Program at Ward Melville High School. This is a demanding program designed for motivated students interested in independent research. The popularity of this program requires an admission process to select the students who will enter next fall.

Grades in science, math and English are important considerations for admission. Due to scheduling requirements, selections must be made early in the school year, before the 2<sup>nd</sup> quarter grades are available. *If your child is accepted to InSTAR®, please be aware this admission is contingent on his/her maintained scholastic performance for the remainder of the current school year.*

Students whose grades drop may be removed from the acceptance list so they are able to devote more time to their core courses. They will be notified immediately if this occurs. Students may also re-apply to the program in their sophomore year for admission as a junior. Please sign the following statement and have your child include it with the application packet:

I, \_\_\_\_\_ (Parent/Guardian's printed name) understand and agree that my child's acceptance to the InSTAR® science research program is contingent on his/her *maintained* academic performance for the remainder of the school year. If my child's academic standing drops, he/she may be removed from the acceptance list. If accepted, my child may still be unable to enter the program due to scheduling conflicts or staffing reductions. I understand the possibility that not every course request can be satisfied.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Please ensure this statement is included with your child's application packet. As always, feel free to contact me if you have any questions regarding this policy or the application procedure in general.

Yours truly,

Marnie Kula, Ph.D.  
Director, InSTAR® Science Research