

# Biometric Student Summit Student Application

Please carefully read each section of the application and provide all information requested.  
**Applications must be typed or neatly printed and returned by April 16, 2007 to:**

**Gloria Patterson  
The EdVenture Group  
63 Wharf St. Suite 300  
Morgantown, WV 26501  
304-296-9021 x10  
gpatterson@edvgroup.org**

## Student Information

Name \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_

Does Student have access to a computer and Internet at home \_\_\_\_\_

Student Email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Additional Emergency Contact - Person to be contacted should parents not be available:

\_\_\_\_\_

Name	Relationship	Phone #
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Primary Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Does student have any allergies to medications? (If yes, explain) \_\_\_\_\_

\_\_\_\_\_

Does student have any food or animal allergies? \_\_\_\_\_

Is student current taking any medications? (if yes, explain & give dosage information)

\_\_\_\_\_

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We hereby authorize The EdVenture Group to act for me according to their best judgment in any emergency requiring emergency services for the student while they are participating in Biometric Student Summit. The undersigned acknowledges that the student has no pre-existing medical conditions, other than those listed on this form, which may limit or hinder the student's ability to participate in physical activities that may be asked of the student. We will provide our own insurance coverage for our son/daughter and the appropriate insurance forms to the hospital and/or doctor, if treatment is administered. We will be responsible for completing all forms and payments that may be necessary. We agree to indemnify and hold harmless The EdVenture Group and its agents from any injury or damage to property or person resulting from medical authorization to treat the student or from treatment itself. We release The EdVenture Group and its instructors from all financial responsibility incurred because of sickness or an accident.

Furthermore, we have read, understood and do hereby agree to abide by the Commitment Statements and will comply with all The EdVenture Group rules for this Summit. Failure to comply will result in immediate dismissal from the Summit.

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Student Signature

Date

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Parent's Signature

Date

## Commitment Statements

### ***Student Statement:***

*Your commitment to participate in this project is essential to the overall experience for both yourself and the group. You will be interacting with students from various schools within the county and will be asked to participate in activities. I also understand that I will be using a computer, the Internet and project web site to complete activities during this project and will abide by the same acceptable use practices that apply to my school usage.*

I \_\_\_\_\_ will commit to attending all 3 days of the Biometric Student Summit sessions and participate to the fullest extent I am able.

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Student signature

Date

## **Biometric Student Summit Student Application**

### ***Parent Statement***

*Your support of your child in the Biometric Student Summit program is essential to their success. Parents will be responsible for transporting their child from home to the Summit. My child will abide by the acceptable use policy on file at my child's school.*

I \_\_\_\_\_ will commit to support my child's experience in Biometric Student Summit and provide transportation to each session. Sessions will begin 9:00 a.m. and conclude by 4:00 p.m. The dates for these sessions are as follows: August 1, August 2 and August 3, 2007.

***Permission to photograph (please check those that apply, thereby granting permission. Photos will be limited to project web site or project information and/or local publicity***

Group photo only  Individual photo  First name only  First and/or Last name   
Do not photo

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Parent signature

Date

### ***School Statement***

As a representative of \_\_\_\_\_ school. I ensure that the student above has maintained at least a 2.0 GPA for both semesters of the 2006-07 school year and had less than 8 unexcused absences during that same period. The applicant has an acceptable use policy signed and on file with the school.

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School signature

Date

### **Project Description and Eligibility Requirements**

Hand geometry and facial recognition are just two biometric applications that students from area counties will experience during the Biometrics in Education Summit, funded by The Claude Worthington Benedum Foundation. The EdVenture Group, in conjunction with West Virginia University's Lane Department of Computer Science and Engineering will host this 3 day summit to increase awareness to careers and educational pathways in the field of biometrics to West Virginia students.

Students from across the region will be introduced to the benefits of biometrics in our world, as well as the technical, social and legal issues associated with the biometrics system. Business leaders and educators will work collaboratively to promote 21<sup>st</sup> Century Skills and improve STEM (science, technology, engineering and math) literacy among students, in the region.

In order to be eligible, students must be enrolled in the 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> grade, have maintained at least a 2.0 GPA during the past two semesters and not have had more than 8 unexcused absences during the past year.

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### Areas of Interest

We want students who represent a variety of interests, attitudes and career goals to participate. Please share with us your interests and how you see yourself. Read each statement below and check the column that best describes you, there is no right or wrong answer.

INTEREST	TRUE	MOSTLY TRUE	NOT TRUE
I like to work with tools.			
I like to do creative activities like art, drama, crafts, dance, music or creative writing.			
I like to do things where I can help people such as teaching, first aid or giving information.			
I like to invent things or make things work better.			
I like to study and solve math problems.			
I like to lead and persuade people and to sell things or ideas.			
I like to use computers to do my homework or to search for information.			
I am practical, mechanical and realistic.			
I am precise, scientific and intellectual.			
I am artistic, imaginative and independent.			
I am an avid reader.			
I am energetic, ambitious and sociable.			
I am orderly and good at following directions.			

Place a check mark beside three (3) of the careers below that most interest you.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accountant    | <input type="checkbox"/> Electrician     | <input type="checkbox"/> Physician                      |
| <input type="checkbox"/> Actor/Actress | <input type="checkbox"/> Engineer        | <input type="checkbox"/> Politician                     |
| <input type="checkbox"/> Artist        | <input type="checkbox"/> Geologist       | <input type="checkbox"/> Secretary                      |
| <input type="checkbox"/> Attorney      | <input type="checkbox"/> Journalist      | <input type="checkbox"/> Scientist                      |
| <input type="checkbox"/> Banker        | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Software Programmer            |
| <input type="checkbox"/> Biologist     | <input type="checkbox"/> Meteorologist   | <input type="checkbox"/> Teacher                        |
| <input type="checkbox"/> Biometrician  | <input type="checkbox"/> Military        | <input type="checkbox"/> Information Technology Related |
| <input type="checkbox"/> Chemist       | <input type="checkbox"/> Musician        | <input type="checkbox"/> Veterinarian                   |
| <input type="checkbox"/> Computer      | <input type="checkbox"/> Nurse           | <input type="checkbox"/> OTHER _____                    |
| <input type="checkbox"/> Dentist       | <input type="checkbox"/> Pharmacist      |   |

## **Biometric Student Summit Student Application**

In order that we may plan a useful and meaningful workshop, please describe your level of knowledge/experience with the field of Biometrics. Please do not feel that you need to have prior knowledge to participate. We are only trying to gauge experience level.

Please check each technology you have heard of:

- Fingerprint recognition
- Iris scan/recognition
- Facial Recognition
- Retinal scan/recognition
- Hand/finger geometry
- Voice recognition

Please check each technology that you have used:

- Fingerprint recognition
- Iris scan/recognition
- Facial Recognition
- Retinal scan/recognition
- Hand/finger geometry
- Voice recognition

### **Application Essay**

Write a brief essay about how technology is used in the careers in which you are interested and why you want to be a participant. *(attach page if necessary)*