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# SHAKE HANDS WITH YOUR FUTURE 2012



TEXAS TECH UNIVERSITY

Division of Institutional Diversity, Equity & Community Engagement

Institute for *the* Development  
& Enrichment of Advanced Learners™

# SHAKE HANDS WITH YOUR FUTURE 2012

## Session I ..... June 3-7

Entering Grades 4 – 7

Sunday through Thursday

## Session II ..... July 8-12

Entering Grades 8 – 11

Sunday through Thursday

**S**hake Hands With Your Future will take you on an extraordinary academic adventure. You will explore different fields of study with hands-on opportunities. This will help you develop your interests and focus your academic path.

Do you know how many different types of engineers there are? Do you know how many different areas you could study and research in biological sciences? What does it take to become a lawyer, a writer, an artist or an animal scientist?

When you attend *Shake Hands With Your Future* you may choose many different experiences like, working with DNA, visiting a wind tunnel, acting on main stage, working side by side with professionals in a hospital research lab, writing, painting, and more....

You will request two classes and will receive 10 hours of instruction in the morning class and 9 hours of instruction in the afternoon class.

Classes are not graded. We want you to learn as much as possible in a stress free environment. You will be introduced to university life and live in a Texas Tech residence hall. When you are not in class, you will have fun, and meet new friends from throughout Texas, the United States and beyond. *Shake Hands With Your Future* students come back year after year.

What are you waiting for?

### ■ ROOM AND BOARD

Students are housed on the Texas Tech campus. Housing is arranged by age and gender. Each student will have one roommate and may request a roommate (not guaranteed). Daily meals are served by University food services.

### ■ FEE - \$525

### ■ TAGT SCHOLARSHIPS

The Texas Association for the Gifted and Talented offers limited opportunities to students for scholarship grants in the area of gifted education. To apply for a scholarship, contact the Texas Association for the Gifted and Talented at [www.txgifted.org](http://www.txgifted.org). The deadline for receipt of applications is March 1, 2012.

### ■ REFUND POLICY

A refund request should be made in writing and include the address of the refund recipient.

No fees will be refunded after:  
May 21, 2012 for Session I  
or

June 1, 2012 for Session II.

**IDEAL**

**806.742.2420**

**[ideal.mail@ttu.edu](mailto:ideal.mail@ttu.edu)**

**[www.ideal.ttu.edu](http://www.ideal.ttu.edu)**

## MORNING CLASSES

### ■ Architecture

In this class you will become acquainted with architecture and its diverse elements and opportunities. You will experience architecture through hands-on design projects. This course stresses creativity and abstract thought and is designed to prepare you for the many aspects of architectural education.

### ■ Animal Science and Food Technology

Learn about becoming a veterinarian, a farm animal manager, a meat industry manager, or an animal scientist. Classes include hands-on experiences with animals and animal products as well as basic scientific methods in biology.

### ■ In the Lab

The pursuit of science is an interdisciplinary endeavor. Through hands-on experiments, you will explore a number of fields like medicine, biology, chemistry and physics. If you are interested in gaining information to focus your academic path, or just want to learn more about several scientific disciplines, this class is for you.

### ■ Environmental Engineering

In this class, you will learn how engineers solve problems while implementing planet friendly technologies. You will learn about cutting edge research, environmental challenges and the scope of the discipline. Through hands on experiments, you will gain insight about the inter-disciplinary nature of the field and learn about the academic skills necessary to succeed.

### ■ Clinical Lab Science

Are you interested in becoming a medical detective? Learn how disease is investigated in the medical laboratory. You will have to learn and perform some clinical laboratory techniques in hematology, immunology, clinical microbiology, clinical chemistry, and transfusion services (blood bank) This class is conducted at the Texas Tech Health Sciences Center.

### Session I Only.

### ■ LEGO Robotics

You are invited to discover the precise world of engineering design! In this project oriented class, you will work in teams to focus on a specific design problem, develop creative solutions to that problem, select the best solution, and then build a scale model.

## AFTERNOON CLASSES

### ■ Art

Discover and challenge your creativity through a variety of artistic experiences by exploring the exciting world of art. Learn about and create art through a wide range of artistic media from traditional to alternative methods.

### ■ Law

Why do we need lawyers and judges? What careers in law are available outside the courtroom? Discover what law is, why we have it, and what lawyers and judges really do. You will visit a courtroom, do research and participate in a mock trial.

### ■ Biotechnology

“From Phenotype to Genotype and Back” will provide you the opportunity to discover the answer to a genetic health problem of a family in Africa. Your course covers DNA structure and function, protein synthesis and natural selection. Your experience in the biotechnology lab will give you the opportunity to solve a crime using DNA evidence.

### ■ Theater Arts

Do you want to become an actor or just become more confident? By exploring basic techniques (voice, movement, diction, and steps to conquer stage fright), you will be on the road to becoming a true master of the art of acting.

### ■ Anatomy and Physiology

In this class you will role-play as a medical intern and diagnose three patients after conducting experiments and careful study. You will have the opportunity to learn about the eleven body systems by investigating information about patients with various disorders. A few of the incredible experiments include blood typing, kidney function, lung capacity, enzymes, bone dissection, blood pressure and the effects of nicotine.

### ■ Forensics

Roll your sleeves up and prepare for a hands-on introduction to forensics. You will participate in fingerprint detection and identification. You will learn about hair and fiber examination, document examination, and the critical role of DNA.

*IDEAL gratefully acknowledges the support of the Texas Tech University Howard Hughes Medical Institute Science Education Program at CISER.*

## Shake Hands With Your Future Student Application

### Session I    Session II

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To save resources, may we send program paperwork via email?

Email address \_\_\_\_\_

#### ■ Please print clearly.

Student's Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Gender:  M  F Birth Date \_\_\_/\_\_\_/\_\_\_

Grade in Fall 2012 \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Name of Parent or Guardian (*Mother*) \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

Name of Parent or Guardian (*Father*) \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_

School Currently Attending \_\_\_\_\_ City \_\_\_\_\_

Do you have a roommate request? (*Not guaranteed — both students must request to room together*) \_\_\_\_\_

**T-shirt size**     Youth Small (6-8)     Youth Medium (10-12)

Youth Large (14-16)     Adult Small     Adult Medium     Adult Large

Have you participated in any of our programs before?  Yes     No

Where did you hear about our program? \_\_\_\_\_

#### ■ Check at least two statements:

Student has scored in the 90th percentile or above on a standardized test in the past three years.

Student is currently enrolled in a school program for gifted and talented youth.

Student has demonstrated outstanding potential for achievement and/or creative endeavors.

Student has demonstrated outstanding potential for leadership achievement.

Student has a B+ or better average in school.

Student has an IQ of 130 or above.

#### ■ CLASS SELECTIONS – complete every line.

Please indicate your first and second class choice for the session you will be attending. If your first class choice is not available you will be registered for your second choice.

##### *Morning*

A.M. 1st Choice \_\_\_\_\_

A.M. 2nd Choice \_\_\_\_\_

##### *Afternoon*

P. M. 1st Choice \_\_\_\_\_

P. M. 2nd Choice \_\_\_\_\_

#### ■ PAYMENT

\$100 deposit. Balance due by May 21 (Session I) or June 1 (Session II).

\$525. Full registration fee.

\$25. Airport transportation fee (for those students travelling by air).

Make your check payable to Texas Tech University, or charge the fee to:

Discover     MasterCard     Visa     American Express    **Amount** \$ \_\_\_\_\_

Card Number \_\_\_\_\_

3-Digit Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name as it appears on Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## Shake Hands With Your Future Student Application

Session I     Session II

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### ■ REFUND POLICY/BALANCE DUE DATES

A refund request should be made in writing and include the name and address of the refund recipient.

**No fees will be refunded after:**

**May 21, 2012 for Session I and June 1, 2012 for Session II.**

The balance due deadline is May 21 for Session I and June 1 for Session II.

### ■ AUTOBIOGRAPHICAL STATEMENT

*Required for all students applying, including past participants. Using a separate sheet of paper, please introduce yourself. You might include such things as your interests outside school, how you have spent your summers, what you consider to be your strengths, how you feel you might contribute to Shake Hands, and what expectations you have for this summer. Please include a photo of yourself (this may be a school photo or a snapshot of yourself).*

### ■ SCHOOL/TEACHER RECOMMENDATION

*Required for all students applying, including past participants. Please have your school principal, counselor, or one of your teachers submit a letter of recommendation detailing your involvement in school.*

Name of teacher or official nominating \_\_\_\_\_

Nominator's phone \_\_\_\_\_

Nominator's email \_\_\_\_\_

Name of student you are nominating

First \_\_\_\_\_ Last \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Title I School?     Yes     No

## Shake Hands With Your Future AIR TRAVEL INFORMATION

Session I     Session II

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Airport Transportation Fee: \$25.

IDEAL personnel will pick up campers from the baggage claim area and accompany campers to and from campus. If camper is considered an unaccompanied minor, personnel will meet them at the gate.

### ■ AIRPORT ARRIVAL

Arrival should be between **1:00 – 3:45 p.m.** on Sunday of the session.

Arrival Time \_\_\_\_\_ Flight Number \_\_\_\_\_

Airline \_\_\_\_\_

### ■ AIRPORT DEPARTURE:

Departure should be between **Noon and 3:00 p.m.** on Thursday of the session.

Departure Time \_\_\_\_\_ Flight Number \_\_\_\_\_

Airline \_\_\_\_\_

Parent Contact \_\_\_\_\_

Phone \_\_\_\_\_

Student Cell (if applicable) \_\_\_\_\_

# Shake Hands Confidential Medical History Form

Session I     Session II

Completion of the following, with a photocopy of proof of health insurance must be submitted with the application. If this poses a hardship, call 806 742-2420.

Student's Name \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Copy of medical health insurance card is attached.

**Directions:** Check any medical conditions that apply and provide a description. All information will remain confidential. If necessary, attach a separate sheet of paper to explain your child's medical condition or email additional information to: [ideal.mail@ttu.edu](mailto:ideal.mail@ttu.edu)

condition requiring medication \_\_\_\_\_

allergies to food or medications \_\_\_\_\_

current infections, viruses \_\_\_\_\_

emotional or behavioral problem \_\_\_\_\_

recent injuries, illness, operation \_\_\_\_\_

impairment of sight, hearing, speech \_\_\_\_\_

## Consent to Medical Treatment

I, \_\_\_\_\_ Parent, Managing Conservator, or Guardian of \_\_\_\_\_ (Participant) hereby consent to any and all emergency medical treatment needed by said Minor Child as administered by a clinic or attending physician and accept responsibility for full payment of said treatment. I give my permission for this document to be photocopied for medical personnel.

■ Signature of Parent, Managing Conservator, or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

My child is enrolled in the Texas Tech University Shake Hands with Your Future Camp, June 3 - 7 or July 8- 12, 2012.

**This form is valid only for the 2012 session and date indicated above.**

**Shake Hands Release and Hold Harmless Agreement**

**Session I**     **Session II**

I, \_\_\_\_\_ Parent/Managing Conservator/Guardian, (circle one) understand that the minor child, \_\_\_\_\_ has the opportunity to participate in Shake Hands with Your Future, a program for students sponsored by Texas Tech University, Institute for the Development and Enrichment of Advanced Learners, Lubbock Texas from June 3 - 7 or July 8 - 12, 2012. I hereby affirm that I desire to have my minor child participate in said program. I give my permission for my minor child to ride in public transportation or in vehicles driven by Texas Tech employees or representatives to and from designated activities. I, the undersigned, am aware of the dangers associated with travel by motor vehicle or other conveyance and the possibility of injuries or death while in transit. I understand that my minor child will participate in general classroom, educational, and camp activities during this program. I am aware of the dangers associated with such activities and the possibility of injuries or even death in such participation. **In consideration of allowing my minor child to attend the above mentioned activities, I, the undersigned, do hereby release, indemnify, and hold harmless Texas Tech University, its Board of Regents, all the University’s officers, agents, and employees, and the Institute for the Development and Enrichment of Advanced Learners from any and all liability due to injuries, damage or death arising or resulting from any act or omission, express negligence or otherwise, of said Texas Tech University officers, advisors, agents, and employees and other officers or members of the Institute for the Development and Enrichment of Advanced Learners, or any other person or participant in said activities while attending the activities or while in transit to and from activities.**

The terms hereof shall also serve as a release and an assumption of risk for my minor child’s heirs, executor and administrator, and for all members of my child’s family and be pleaded as a bar to litigation.

Jurisdiction of this matter and venue shall lie in Lubbock, Lubbock County, Texas. I, the undersigned, on behalf of my minor child agree to indemnify and hold Texas Tech University, its Board of Regents, and all the University’s officers, agents and employees harmless from and against any and all personal injury. I am above the age of eighteen (18) years and read this Release and Hold Harmless Agreement and voluntarily understand and accept its terms.

■ Signature of Parent, Managing Conservator, or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Print or type name of Parent, Managing Conservator, or Guardian \_\_\_\_\_

**Shake Hands Parental Approval for Media Coverage/Participation**

I hereby give permission for the name of the minor listed above to be released to the media or for him/her to participate in any media coverage which might transpire during the course of the program. I authorize the use of the minor’s name, biography, likeness, voice and performance in the production of the program(s) and for the purpose of publicizing and promoting the program(s).

I represent that I am a parent (guardian) of the minor whose name is listed above and I hereby agree to have my child participate in media coverage.

■ **MY CHILD MAY PARTICIPATE IN MEDIA COVERAGE**  
Signature of Parent, Managing Conservator, or Guardian \_\_\_\_\_ Date \_\_\_\_\_

■ **MY CHILD MAY NOT PARTICIPATE IN MEDIA COVERAGE**, and I do not wish his/her name released to the news media.  
Signature of Parent, Managing Conservator, or Guardian \_\_\_\_\_ Date \_\_\_\_\_



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Box 41008  
Lubbock, Texas 79409 -1008  
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We are very grateful to and wish to acknowledge the following contributors, supporters, and friends of *Shake Hands With Your Future*.

**Major Contributors to the 2012  
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- Lubbock Independent School District –  
Foundation for Excellence
- IDEAL
- Center for the Integration of  
Science Education and Research/  
Howard Hughes Medical Institute

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