



## **ALCOSAN Clean Water Academy Application Checklist**

Ensure that you have completed the following documents before mailing, faxing, or emailing them all together to:

**Allegheny County Sanitary Authority  
Scholastic Outreach-CWA  
3300 Preble Avenue  
Pittsburgh, PA 15233  
FAX: 412-734-6218  
Email: CWA@alcosan.org**

- Application
- Printed essay
- Report card or transcript
- Teacher recommendation form
- Permission form and medical waiver



## **ALCOSAN Clean Water Academy Information**

The ALCOSAN Clean Water Academy is a weeklong STEM enrichment program that exposes students to science, technology, engineering, and math content relating to wastewater treatment. Topics include engineering, chemistry, microbiology, and technology. Students will begin the week with an in-depth tour of ALCOSAN's wastewater treatment plant and onsite laboratory. They will also engage with a wide variety of STEM professionals including engineers, scientists, information technologists, and tradespeople. Students will participate in hands-on lab and engineering activities as well as a special technology project.

### **Eligibility Requirements:**

- Students must complete 9<sup>th</sup> or 10<sup>th</sup> grade by the end of the 2016-2017 school year.
- Students must live or go to school within the ALCOSAN service area. Visit [www.alcosan.org](http://www.alcosan.org) to view an interactive map of the service area.
- Students must have at least a 2.5 GPA for the current school year.

### **Application Documents:**

- Completed ALCOSAN Clean Water Academy application form
- Copy of most recent report card or transcript
- Signed Permission Form and Medical Waiver
- Typed essay
- Recommendation form from a current science, technology, engineering, or math teacher.

### **Mail, fax, or email all application materials together to:**

Allegheny County Sanitary Authority  
Scholastic Outreach-CWA  
3300 Preble Avenue  
Pittsburgh, PA 15233  
FAX: 412-734-6218  
Email: [CWA@alcosan.org](mailto:CWA@alcosan.org)

# **APPLICATION DEADLINE: MAY 15, 2017**





## ALCOSAN Clean Water Academy Teacher Recommendation

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

Teacher's Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_

Subject: \_\_\_\_\_

School: \_\_\_\_\_

School District: \_\_\_\_\_

Please rate this student on a scale of 1 (poor) to 5 (outstanding) in the following criteria.

Interest in STEM	1	2	3	4	5
Work habits	1	2	3	4	5
Ability to work with peers	1	2	3	4	5
Maturity	1	2	3	4	5
Integrity/Honesty	1	2	3	4	5
Organization	1	2	3	4	5
Motivation	1	2	3	4	5
Overall Rating	1	2	3	4	5

Use the space below to briefly explain why this student would be a good candidate for the ALCOSAN Clean Water Academy.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## ALCOSAN Clean Water Academy Permission Form and Medical Waiver

July 17-July 21, 2017

Date: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Last First

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City State Zip

### In an emergency, notify (only if parent/guardian is not available):

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

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### HEALTH HISTORY (All participants must complete the following)

Please check any allergies your child may have.

- | Allergies  | Type of Reaction |
|--|------------------|
| <input type="checkbox"/> Insect Stings           | _____            |
| <input type="checkbox"/> Hay Fever               | _____            |
| <input type="checkbox"/> Asthma                  | _____            |
| <input type="checkbox"/> Latex                   | _____            |
| <input type="checkbox"/> Food or Other (Specify) | _____            |

Any specific activities to be encouraged: \_\_\_\_\_



Any specific activities to be limited: \_\_\_\_\_

Any specific activities to be discouraged: \_\_\_\_\_

Other health related information for ALCOSAN staff:

\_\_\_\_\_

Current medication(s): \_\_\_\_\_

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

(optional)

Physician's Phone Number: \_\_\_\_\_

(optional)

Policy and /or ID Number: \_\_\_\_\_

(optional)

Name of insurance company (if any): \_\_\_\_\_

(optional)

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**CLEAN WATER ACADEMY PARTICIPANTS PLEASE READ AND SIGN BELOW.**

**This health history is correct so far as I know. Although reasonable precautions will be taken to ensure each participant's safety, I know and understand the risks involved in my child's participation in the ALCOSAN Clean Water Academy ("Academy") and I know and understand that unanticipated events might arise, including injury. I understand that participation in the Academy at ALCOSAN is entirely voluntary. I understand that participating in lab activities requires adherence to laboratory safety protocols. I hereby agree to release and hold harmless ALCOSAN and Duquesne University from any responsibility for injury, which might occur as a result of participation in activities during the Academy, and from any and all liability whatsoever in connection with any loss, damage or expense suffered or incurred by me or my child as a result of an act or failure to act by ALCOSAN or Duquesne University.**

**I give permission for \_\_\_\_\_ to participate in all activities associated with the Academy, including field trips, and to ride transportation chartered or provided by ALCOSAN in connection with such field trips. I also give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child and also permit such treatment procedures to be carried out at, and by, the local hospital(s) for my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company. Any qualified medical personnel are hereby notified that this authorization is currently in effect and such personnel are directed to act upon such authorization without delay. I understand that reasonable efforts will be made to contact parents, guardians, physician and/or emergency numbers given by me on this form. I release and discharge ALCOSAN from any and all claims of any nature whatsoever, which may arise out of the administration of emergency medical care to my child. I agree to hold ALCOSAN harmless if full disclosure of pre-existing medical condition(s) has not been provided. I hereby voluntarily assume all risks associated with the release of the medical information included herein. By signing below, I represent to ALCOSAN that I have carefully read and fully understand the information set forth herein. I also acknowledge all of the information provided by me contained herein is accurate and that I will update ALCOSAN as necessary.**

Signature: \_\_\_\_\_

Parent/Guardian

Date