



Penn Academy for Reproductive Sciences

Ever wonder what an embryo looks like as it develops? How one sperm “beats out” all of the others to fertilize an egg? What about the steps needed to become a researcher who studies these processes?

If you are a girl in 10th, 11th, or 12th grade, join us in taking a firsthand look at reproductive health and fertility from scientists and doctors directly involved in this field. In an all-female workshop full of scientific discussions, demonstrations, and hands-on labs, we will examine current research in reproductive health. We will also discuss oncofertility, or new methods to preserve fertility in female cancer patients whose chemotherapy may be harmful to their eggs, making it difficult for these women to have their own genetic child. Topics to be covered include the physiology and anatomy of the female reproductive system through mouse dissection, demonstration of fertilization and development of the embryo, examination of a scientific journal article, discussion of the ethics of decision-making in science, and presentation of a variety of careers in science.

The dates for the Saturday workshops are **March 10, 17, 24, 31 and April 14 and 21 (Note: There will not be a session on April 7, 2012)**. Each session will be held from **9 a.m. to 12 p.m.** at the University of Pennsylvania. **Participants must be able to attend all six sessions of the workshop to apply.** SEPTA tokens can be provided for daily transportation if necessary; the need for tokens does not affect eligibility.

To apply:

- Fill out the application form below, including the personal statement.
- Have a parent or guardian sign the consent form & (2) photo permission slips (one for the Penn Academy for Reproductive Sciences and one for the University of Pennsylvania Marketing Department).
- Ask a science teacher or mentor to write a letter of recommendation stating why you are a strong applicant to the program; this recommendation can be enclosed with the other documents or sent individually by fax, email, or snail mail to Diane.

Mail all documents to:

Diane Dao
3701 Market St. Suite 810
Philadelphia, PA 19104

You may also fax all documents to Diane at 215.615.4200.

No applications or recommendations will be accepted after Friday, February 24th, 2012 at midnight. Participants will be chosen from the applicant pool based on personal statement and letter of recommendation. Applicants will be notified of admissions decisions by Friday, March 2nd, 2012.

If you have any questions, please contact Diane at diane.dao@uphs.upenn.edu



Penn Academy for Reproductive Sciences

Application Form

Name: _____

Date: _____

High School: _____

Age: _____

Email address: _____

Race/Ethnicity: _____

Phone number: (Home) _____

(Cell) _____

Mailing Address: _____

SEPTA Tokens Needed for Daily Transportation: Yes No

(Please provide mailing address as tokens will be mailed to you before the first session)

T-Shirt Size (Women's S, M, L, XL): _____

Personal Statement

In the space provided, please describe your interest in reproductive sciences and what you expect to gain from this opportunity. Include a summary of your relevant academic and research experiences as well as your future career goals. Response is limited to the space provided. (Please print legibly. If preferable, you may attach a one-page, 12-point font, typed document to this application.)



Penn Academy for Reproductive Sciences

Parent/Guardian Consent Form

I hereby give permission for my daughter, _____, to participate in the Penn Academy for Reproductive Sciences involving dissection, demonstration, and hands-on lab work conducted March-April 2012 at the University of Pennsylvania.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Emergency Contact

Phone Number

Relationship to Student



Penn Academy for Reproductive Sciences

Dear Parents and/or Guardians,

Your child will be participating in the Penn Academy for Reproductive Sciences at the University of Pennsylvania in March and April of 2012. The program would like to photograph and/or video record all of the events of the workshop and your child's participation. These pictures could potentially be used in our brochures, websites (for example, www.Bioeyes.org), or on-campus/external publications. There will be **no school or student names written in association with the pictures unless special permission from you is granted.**

As Parent/Legal Guardian of _____ (check & sign all boxes that apply)

I give my permission for photographs to be taken during the Penn Summer Science Workshop. These photographs will remain the property of the Penn Academy for Reproductive Sciences and may be used in publications, on our website and brochures, without identifying information about my child.

Sign here: _____

The media may also be notified of this project. I give permission for my child to participate in interviews and/or be filmed or photographed.

Sign here: _____

I do not wish to have my child photographed or video recorded.

Sign here: _____



Penn Academy for Reproductive Sciences

University of Pennsylvania Health System

Marketing Department • 3600 Market St. • Suite 210 • Philadelphia, PA 19104
(215) 349-8666 • Fax: (215) 349-5188

CONSENT TO PHOTOGRAPH/FILM/RECORD AND/OR INTERVIEW

I consent to the taking, use, distribution, and publication of photographs of me for use by television, magazines, newspapers or other publications, print or electronic, while I receive health care services provided by University of Pennsylvania Health System (UPHS) or any of its affiliated hospital or health care facilities. I also give permission for the use of such photographs for the purpose of promoting the health, education and research objectives of UPHS, its agents, employees, students and other health care providers. I understand the term "photograph" includes negative, slides, prints, videotapes, electronic imaging, or movies.

I consent to being interviewed by television, radio, magazines, newspapers, and other publications while I receive, or my child receives, health care services provided by UPHS. I also give permission for the media to use any protected health information discussed and disclosed during such interview(s).

I understand that I may revoke this consent at any time, in writing, and that no further photographs or interviews of me will occur.

I understand UPHS, its agents, employees, and other health care providers have no control over and are not responsible for: (1) the taking, use, distribution, publication or broadcast of any photograph of me; (2) the content of any broadcast, article or other publication arising out of, or related to, the information provided during my interview(s), pursuant to this authorization.

I agree to waive any payments, royalties or other compensation. I release the Trustees of the University of Pennsylvania Health System, its agents, employees, and my attending physician(s) and any other persons providing health care services to me from any claims and any liability arising from or in connection with: (1) the taking, use, distribution, or publication of any photograph taken of me; and (2) the publication or broadcast of any information disclosed during any interview with the media, pursuant to this authorization.

Name (printed)

Signature

Date

Address: _____

Phone: _____

The Patient is unable to consent because
He/she is under the age of 18.

I therefore consent for the patient.

Consenter's name (printed)

Witness's name (printed)

Consenter's signature

Date

Witness's signature

Date

Relationship to patient

For Marketing Office Use Only

Media Outlet/Contact: _____

Featured UPHS Faculty/Staff: _____

Topic: _____

Department: _____