2027 High School STEP-UP Program Participation Response Form

You have been accepted into the 2027 High School STEP-UP Program. This program will consist of **full-time** summer research under an approved research mentor from an affiliated institution near you. You will receive a participation allowance of $2500 at the end of your summer internship. You will be required to participate in a symposium at the end of the Program to present your research and experience. Below you will find brief instructions for each of the forms.

1) **Parental Consent Form:** This form is required for your participation in the program. Whether or not you are under the age of 18, please have a parent or legal guardian sign this form. This form must be notarized.
2) **Participant Photographic/Information Release Form:** You have the option to allow or deny permission to use your photographed and/or videotaped images for STEP-UP purposes. This form requires a parent or legal guardian's signature and notary.
3) **Participant Contact Information Form:** Complete all sections of this form. It is preferred that you complete this form using the fillable PDF. If this is not feasible, please print clearly and legibly using a blue or black pen.
4) **Rules of Conduct and Disciplinary Action:** This form is to be signed by you and a parent or legal guardian. It details a list of rules and guidelines that each student is expected to abide by.
5) **Assumption of Risk, Release, and Indemnity Agreement:** By signing this form, you and a parent or legal guardian agree to the terms stated within the agreement.
6) **Additional Information Form:** Please 1) indicate your lab coat size 2) attach a copy of your high school's academic calendar and 3) attach a copy of your government-issued ID or passport.
7) **Medical Form:** Please provide us information regarding any medical conditions you may have that we should be aware of.
8) **Research Project Guidelines:** Contains information regarding the format you must follow when writing your abstract and making your PowerPoint presentation.
9) **Program Contacts:** Includes the contact information of your program director, program coordinator, and local program coordinator(s). This sheet is yours to keep.
10) **WH-1 Tax Form:** This form must be received in order to issue you your participation allowance. If you are a US citizen or permanent resident alien of USA, please complete section A and sign section E only. If you are a permanent resident, you must also attach a copy of your Alien Registration Card.
11) **FW8BEN Tax Form:** This form to be filled by non-US citizens, non-US permanent residents; and citizens of RMI, FSM, and Palau). Complete Part I (#1, 2, 3, 4, 5, 8, use of P.O. Box address is OK), and Part III (sign, print name and date).

For more information or to download extra copies of these forms, please visit our website at: https://www.pacificstepup.org/

By providing confirmation of your participation in the 2027 STEP-UP Program you agree to and confirm all of the following conditions:

- All information provided on my application for the STEP-UP Program is true and accurate to the best of my knowledge. I understand that submission of false or misleading information to the STEP-UP Program is grounds for immediate dismissal from the STEP-UP Program.
- I will work full-time (40 hours per week) with my assigned mentor beginning June 1st, 2027, until August 7th, 2027. **Time off for vacation or any activities other than health-related reasons are not permitted.** I will participate in all activities planned by my research mentor during the 2027 STEP-UP research experience.
- The following is **NOT ALLOWED** while participating in the STEP-UP Program: 1) receiving funding from any other federal program, 2) having a part-time or full-time job in addition to participating in the STEP-UP Program, or 3) taking summer classes while participating in the STEP-UP Program.
- I will review the online research training and complete the test with a passing score prior to the start of the program. I will also complete any other lab training required by my mentor/institution.
- I understand that I will be required to complete an abstract and PowerPoint presentation on my research project.
- Failure to comply with one or more of the above conditions may result in the forfeiture of any associated benefits and financial support received from the STEP-UP Program.

STUDENT PARTICIPANT'S NAME	STUDENT SIGNATURE	DATE
PARENT/GUARDIAN'S NAME	PARENT/GUARDIAN SIGNATURE	DATE