

Sea Stars

Career Mentoring Program for Girls

Program Guide & Application Materials

2022-2023

Hillsborough County Public Schools



Welcome

October 21, 2022

On behalf of the Tampa Bay STEM Network, led by Hillsborough County Public Schools, MOSI and The Florida Aquarium, it is with great excitement that I formally announce the inaugural ***Sea Stars Career Mentoring Program for Girls!***

This year long program has been created to further support female student interest in STEM related careers and will be the first of its kind in Hillsborough County Public Schools. Throughout the academic year, our female participants will work as a cohort in workshop settings to build their brand as they approach a STEM career, experience hands-on field work, and meet regularly with an experienced in-field woman-in-STEM mentor.

Below you will find the ***Sea Stars Career Mentoring Program for Girls*** information and application information. Participants chosen for the program will be selected by November 4, 2022. Full \$1000 scholarships for participation, generously provided through the FLDOE ESSER grant and the Tampa Bay STEM Network, includes all program materials. Information for each cohort gathering will be shared in a timely matter prior to each event which will be held regularly throughout the academic year. Mentors will meet with participants either virtually or in-person at school sites. Transportation is not provided to cohort events. Accepted participants into the Sea Stars program will be notified by November 4, 2022.

If you should have any questions regarding the application or program, please do not hesitate to contact the program lead, Alissa Himelfarb at Alissa.Himelfarb@hcps.net. I look forward to sharing in your experiences as your child continues to grow in STEM.



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Career Mentoring Program for Girls

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Background

Sea Stars Career Mentoring Program for Girls is a continuation of experiences by HCPS female students who are alumni of the Mission: Tampa Bay Summer Camp. Mission: Tampa Bay is an award-winning enrichment program for female students that began in 2016 with support from the Tampa Bay STEM Network (TBSN) and has blossomed into a multiple-week opportunity for students in HCPS, with over 300 students participating over the life of the program. Emerging from this opportunity, the Sea Stars Career Mentoring Program for Girls will support female students in HCPS who are alumni of Mission: Tampa Bay and have an aptitude towards science disciplines, specifically marine and environmental science, aerospace dynamics, and health science. The program will provide an opportunity for these girls to continue on their pathway and relate to career mentors, participate in initial investigations, and set a purpose for their year-long work.

Expectations

Throughout the yearlong Sea Stars experience, the cohort of students will meet regularly with a program lead teacher to further their learning and investigations. Students will attend program field experiences which include working alongside field experts at The Florida Aquarium (marine sciences), MOSI (physical science), Space Trek at Kennedy Space Center (earth & space science), and medical facilities and pharma companies. During these field experiences, students will get hands-on, real-world interactions in scientific disciplines that align to Florida State Science standards.

Students will also meet regularly throughout the year with a career mentor who will guide and assist students through their investigations. Career Mentors are community members and HCPS educators who are specialists in their fields and currently work in careers which connect to the goals of the Sea Stars Career Mentoring Program for Girls. The Sea Stars will meet with their matched mentor on a regular basis to guide, support, and assist the students through various aspects of the program. Some of these meetings may be in a group setting with other mentors and mentees while others will be one-on-one. These meetings can be virtual or in-person at the student's school site and will be agreed upon by both the mentor and Sea Star.

Students will benefit from special events during the programming, to include guest speakers with topics relevant to the girls' investigations. The program will assist students in next steps along a career pathway in their chosen STEM field. By the end of the program, students will have participated in the scientific process through a real world, guided, and supported investigation in a scientific discipline of their interest and choosing.

Participant Checklist

Your child is expected to participate in each activity of the **Sea Stars Mentoring Program for Girls** and adhere to all district policies, including special safety rules throughout the events. You may contact us at any time during the events by calling the numbers provided for coordinating locations.

Steps to Participate:

- **Apply** at **Mentee/Student Application**
<https://forms.office.com/r/eRLPKaFnF8>
The application requests the students' name, school, grade level and parent's numbers should be provided. Additionally, there will be several documents that will need to be completed and returned via email should your student be accepted into the program.
- **Notification** of acceptance into the Sea Stars Program will be sent in Early November.

If accepted:

- **Submit required documents** to Alissa Himelfarb (**Alissa.Himelfarb@hcps.net**) no later than **November 14, 2022**.
 - HCPS Medical Release Form
 - HCPS Media Release
 - The Florida Aquarium Media Release
 - MOSI Media Release
- **Attend Kick Off Event on November 14th at 9am** (information will be sent in acceptance notification).
 - Future cohort meetings will occur in January, February, March, April and May. Dates, times and locations will be provided at the kickoff event.

We look forward to providing this unique opportunity to 20 of our previous Mission: Tampa Bay participants. Please reach out to Alissa Himelfarb (**Alissa.Himelfarb@hcps.net**) should you have any questions.



FIELD TRIP MEDICAL RELEASE FORM

This form is used for recording parental permission for medical and/or surgical treatment in case of medical concerns on a field trip. **A notarized signature is required for an overnight or out-of-state field trip.**

Student Name: _____ School: _____

Date of Birth: _____ Student #: _____

Location of Field Trip: _____ Date(s) of Field Trip: _____

As the parent and/or legal guardian of (*print student name*): _____,
I authorize Hillsborough County Public Schools, its agents, employees, and other officers to procure and consent to any medical emergency treatment, including hospital care, to be rendered to my child by or under the supervision of a licensed health care provider. The parent/legal guardian is responsible for any fees or costs. My signature below represents consent and agreement to the matters stated above.

Parent/Guardian Signature

Date

STATE OF FLORIDA, COUNTY OF _____

SUBSCRIBED and sworn to before me, a Notary Public, this _____ day of _____, 20____.

Signature of Notary: _____ Print Name: _____

Medical Insurance Company: _____ Policy #: _____

Student's Address: _____ Phone: _____

Father's Name: _____ Phone (Day): _____

Business Name (if applicable): _____ Phone (Evening): _____

Mother's Name: _____ Phone (Day): _____

Business Name (if applicable): _____ Phone (Evening): _____

Family Physician's Name: _____ Phone: _____

Physician Address (street, city, state): _____

Check any health conditions that apply (if none, leave blank). Allergies ___ Asthma ___ Diabetes ___ Seizures ___
Heart condition ___ Other (please describe): _____

Medications prescribed: _____

Hospital preference: _____

NOTE: In the event of an emergency medical situation, the chaperone/teacher will call 911 and all attempts will be made to contact the student's parent/guardian regarding the emergency.



Student Media Release Form

Date: _____

School: _____

Student ID Number: _____

Student Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Dear Parent/Guardian:

Throughout the school year, the media may visit your child's school to cover special events. Hillsborough County Public Schools also may wish to interview, photograph, or videotape your child for promotional and educational reasons to utilize in publications, posters, brochures, and newsletters; on the Internet, radio, or television; or for other special district events. Before your child can participate in any of the above activities, you must give your permission by signing and returning this media release form to your child's school.

- I give my permission** for my child to be interviewed, photographed, or videotaped for use in school/district publications, school district productions, or for use on the Internet or by the general news media for print, broadcast, or on websites; and for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.
- I do not give my permission** for my child to be interviewed, photographed, or videotaped for use in school/district publications, or for use by the general news media for print, broadcast, or on websites; nor for his/her name to be published in school/district publications, on the Internet, or in news publications or broadcasts.

Parent/Guardian signature: _____

Parent/Guardian name (*please print*): _____

Date: _____



THE FLORIDA AQUARIUM

Photo Release

I, _____, individually or as the parent/legal guardian of the above listed person(s), hereby consent and give permission to The Florida Aquarium (“Aquarium”) to interview, audiotape, photograph, videotape and/or film me/them; and I understand that the Aquarium may use and publish such materials including my/their image, likeness or voice, together with any captions or descriptive materials that the Aquarium may choose, for news stories, advertising, promotion, publicity, electronic social media including Facebook, education and/or any other lawful purpose in any publication or manner. The Aquarium is not responsible for photos posted on personal social media sites. I also understand that I/they will not be identified by name in connection with any of the above-referenced materials without prior written permission.

I hereby agree that the Aquarium owns the copyright on the above-referenced materials and has exclusive rights to their use. Further, I hereby agree to waive any claims I may have, based on any usage of the above-referenced materials or works derived from them; to waive all claims to compensation of the Aquarium’s use of the above-referenced materials; to waive the right to inspect or approve the stories, interviews, captions, releases, audiotapes, videotapes, photographs and/or films before materials are lawfully published, aired and/or used; and not to interfere with their use.

I hereby release the Aquarium, its officers, agents and employees of any and all debts, claims and liability of any kind arising out of or in connection with the preparation and/or publication of the stories, interviews, captions, releases, audiotapes, videotapes, photographs and/or films; the use of my/their name without prior written permission; and the use of captions or descriptive materials derived from the materials. Further, I hereby release the person who conducts the recording, photographing, videotaping or filming and any of his/her associated or affiliated companies, their directors, officers, agents and employees from all claims of any kind on account of such use.

This release shall be binding on me, my legal representatives, heirs, and assigns in perpetuity. I have read this release and understand it fully.

Signature of Individual or Parent/Legal Guardian

Date



Media Release Form

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I _____, (Participant Name)

hereby consent and give permission to MOSI to the photographing, videotape of myself and the recording of my voice and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and/or authorization by MOSI to reproduce and use said photographs and recordings of my voice for use in all domestic and foreign markets. Further, I understand that others, with or without my consent, MOSI may use and/or reproduce such photographs and recordings.

I hereby release MOSI, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

If Person is under 18: I _____ am the parent /legal guardian of the individual named above, I have read this release and approve of its terms.

Print Name: _____

Signature of Individual or Parent/Legal Guardian if under 18: _____

Date: _____