

Purpose of Summer Academy

The purpose of the NDSU/UND Summer Academy is to generate an interest in STEM among graduating high school seniors through involvement in hands-on/minds-on activities.

Eligibility:

All area graduating high school seniors are eligible to participate in the academy.

Contact:

McLaughlin HS
Wakpala HS
Selfridge HS
Solen HS
Fort Yates HS



SBC/NATURE/EPSCOR

Dr. Mafany Mongoh
Phone: 701-854-8051
Fax: 701-854-8197

Sitting Bull College
9299 Hwy 24
Fort Yates, North Dakota 58538

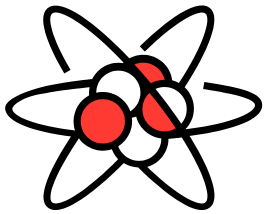
SBC/NATURE/EPSCOR

NDSU/UND
Summer
Academy
June 03 - June
14, 2024

Brighter Futures- Better
Tomorrows!

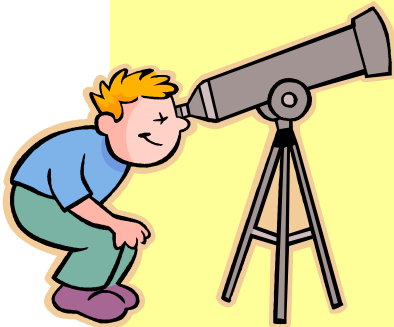


Telephone: 1-701-854-8071



Expected Outcomes:

- Attracting more high school students into math, science, engineering and technical careers
- Improve problem-solving skills of students entering tribal college math, science, engineering and technology programs.
- Improving the understanding of the importance of math, science, engineering and technology principles.



Students Will:

The students will be given an opportunity to meet together in an informal friendly atmosphere with experienced academics and researchers at NDSU and UND. They will get to experience college life at a major institution with other students, and be presented with day-to-day problems involving standards-based on math, physics, chemistry, engineering and technology.

Student Incentive:

Each student who attends and participates in this camp will be eligible to receive a stipend (\$1000.00 total) based on participation. The student will earn the privilege of serving as a mentor during the SBC Summer Camp upon return to the community.

When:

The Summer Camp will run Monday, June 3 through June 14, 2024. Travel to Fargo North Dakota is scheduled for June 2, 2024 from the SBC Fort Yates campus.

Contact Person:

Dr. Mafany Mongoh
 9299 Hwy 24
 Fort Yates, North Dakota 58538
 Phone: 1-701-854-8051
 Email: mafany.mongoh@sittingbull.edu

Student Application Form

Fill out completely and have parent signature for stipend payment.

Name: _____

Birth Date: __/__/__ Gender: F__ M__

SS# _____ - _____ - _____

Address: _____

City: _____

State: _____ Zip: _____

Contact person in case of emergency:

Phone: _____

As the parent or guardian of this student I certify that my son/daughter/ward has my permission to participate in the SBC Summer science Academy program. It is my understanding that he/she will be subject to the regulations of Sitting Bull College during the program. I understand that should a health emergency arise, I will be notified, I authorize such medical treatment as deemed necessary by competent medical personnel.

Parent Signature: _____

SBC / NATURE / EPSCOR

Or contact:

Secretary at SBC

Phone: 701-854-8000