Purpose of Summer Academy

The purpose of the Summer Academy is to generate an interest in math, science, engineering and technology among the high school students through involvement in hands-on/minds-on activities.

Eligibility:

All area high school students 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

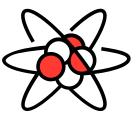
Fort Yates, North Dakota 58538

SBC Summer Academy June 17-June 28, 2024

Brighter Futures- Better Tomorrows!

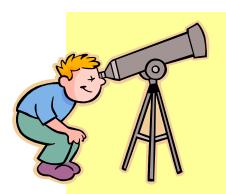


Telephone: 1-701-854-8071



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 at Sitting Bull College and be presented with day-to-day problems involving standards-based math, physics, chemistry, engineering and technology. The instructors are a team from Sitting Bull College, and local high school instructors.

Student Incentive:

Each student who attends and participates in these sessions will be eligible to receive a stipend (\$30.00 per day) based on participation.

Other awards will be prorated on students record of attendance and participation.

When:

The Summer Camp will run Monday, June 17 through Friday, June 28, 2024. Sessions will meet from 10:00 am to 2:00 pm Central Standard Time. Monday through Friday at the Science and Technology Building in Fort Yates, North Dakota.

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.

SBC/NATURE/EPSCOR

Or contact:

Secretary at SBC

Phone: 701-854-8000