# SWIP HIGHLIGHTS

## SWIP PROGRESS TABLE

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<th>#</th>
<th>Specific tasks for participants from college (6 weeks)</th>
<th>Deliverables</th>
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<tr>
<td>1</td>
<td>Introduction, Overview, Objectives Literature review, technical report writing</td>
<td>Technical report</td>
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<tr>
<td>2</td>
<td>Data Analyses, technical report writing and writing for a peer-reviewed journal</td>
<td>Technical report</td>
</tr>
<tr>
<td>3</td>
<td>Data Analyses, technical report writing and writing for a peer-reviewed journal</td>
<td>Technical report</td>
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<td>4</td>
<td>Mapping the results, technical report writing</td>
<td>Technical report</td>
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<td>5</td>
<td>Completing the technical report and preparing presentations</td>
<td>Technical report</td>
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<td>6</td>
<td>Presenting the results of research with other SWIP participants and award of stipend and certificate of completion</td>
<td>Technical report and Presentation, Proof of internship applications</td>
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Application Form

(SWIP APPLICATION FORM for HIGH SCHOOLS)

1. Print Name ___________________________ ___________________________ __________
   LAST FIRST M.I.

2. OSIS # ________________________________

3. Age:_________ Sex: Female Male Race/Ethnicity:______________

4. Name of High School/College:

   __________________________________________

   Address of High School/College:

   __________________________________________

   Grade Level/College Year:______________ GPA: ________

5. Current Home Address:

   __________________________________________

   ___________________________ ___________________________ ___________________________ ___________________________
   APT# CITY STATE ZIP CODE

6. Contact Information

   (___) ___________________________ ___________________________ ___________________________ ___________________________
   MOBILE EMAIL

7. Emergency Contact

   ___________________________ ___________________________ (___) ___________________________
   NAME EMAIL PHONE NUMBER

   ___________________________ ___________________________ (___) ___________________________
   NAME EMAIL PHONE NUMBER
8. **Questionnaire (Please answer questions in the form)**

**How many years of experience do you have in geospatial technology? Give two examples of projects that you were involved in and briefly describe them.**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Name a few opportunities that you may be interested to intern in after completion of SWIP.**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**How do maps help us in our daily lives? Give one example and explain briefly.**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Give an example of how you used computers in a school project?**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

**Which careers interest you the most?**

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Can maps help in managing emergencies? Explain briefly by giving an example.


9. How did you come to know about the workshops?


*If you learned about the workshop from a person please provide their contact details below:

Name/Organization where the person works: ________________________________

Email of Contact: ________________________________

Tel/Cell: ________________________________

Additional Requirements:

1. A copy of unofficial transcripts.
2. Two references from professors/supervisors
3. Sample of work done in the past (example: abstracts, poster presentations, research papers, published journals, etc.)

Please, submit the completed application form (as a scanned attachment) to Dr. Sunil Bhaskaran the director of the program on or before the 15 June, 2019. His email id is Sunil.Bhaskaran@bcc.cuny.edu

Note: Only those applicants who are shortlisted will be contacted. Unless you get a written email confirmation you must not assume you are selected for the workshop
CONTRACT AGREEMENT –
Summer Workforce Internship Program (SWIP) for High Schools

Brief description of the program:

The summer workshop internship program (SWIP) will provide students an opportunity to engage in research under supervised guidance from a team of faculty who will be assisted by graduate student instructors. They will participate in research projects, present and publish in proceedings of conferences and learn to write journal articles.

Participant Responsibilities:

I will work in a committed and diligent manner to deliver the tasks (given below) that are expected of me in this program. Additionally, I will do the following below:

1. Have a clear understanding of the project and if not I will communicate with the assigned mentor and learn about them clearly.

2. Attend all meetings assigned to me in the program

3. Submit all tasks assigned in a timely manner

4. Engage in proactive communication with the mentor

5. Attend all days in the SWIP program at the BGCCCI’S Geospatial Computing Center

I understand that if I do not abide by the above I may not be eligible for the stipend.

Signature

______________________________

Print your name

______________________________