



**DU - WISHES**



**DILLARD**  
UNIVERSITY

## **DU- QC- WISHES 2022**

**Dillard University- Quantum Computing- Women In STEM**

**High School Experience in Summer (Grades 9- 12)**

**STEM, Medical Physics, Quantum Computing, Health Disparities and more!**

**Dillard University, New Orleans, LA**

**June 08, Wednesday – June 22, Wednesday**

### *Exploring and Learning Science by Doing Science*

Thank you for your interest in attending our DU-QC-WISHES Summer Program 2022. This program is an initiative to encourage female high school (9<sup>th</sup>- 12<sup>th</sup> Grade) students to gain hands-on experience in Quantum Computing (QC) in STEM fields and how QC is needed to expand the arms of science to a new horizon. COVID-19 has wreaked havoc in the lives of students and faculty for the past two years. As most institutions are gradually crawling back to normal, we too have moved from online to face-to-face this year. Hence DU-WISHES this year 2022 will be conducted onsite at Dillard University, New Orleans.

An exciting line-up of activities and explorations are being planned that would excite and stimulate your curiosity to the science of QC and expose you, our “women in science of tomorrow” to experiments in various applications of QC in engineering, biology, chemistry, physics, optics and optical illusion, earth sciences and mathematics. You will be learning about the illustrious minority women in science and interact with our guest speakers.

We are also planning a special closing ceremony event on the last day where family, parents and friends of participating students, along with IBM program leaders will join, while the students present their two-week experience. Students will receive a stipend, iPad (or, similar) at the end of two weeks for their full attendance and participation in all planned activities.

The program goal is to provide an enjoying and enriching experience for you, hoping you will get inspired to pursue a STEM career in the near future, and change the current representation of women of color in STEM.

### **APPLICATION PROCESS**

Please read the following carefully. Enrollment in this program is *first qualified come, first served*. Complete the application form (2 pages) below and submit the form through your recruiter/ school coordinator or point of contact of the program at Dillard University. Also submit a copy of your current transcript.

We will notify each applicant regarding enrollment status as soon as possible, typically within two weeks of e-receiving your complete application. Each enrolled student will be sent a confirmation email and other necessary information.

*IMPORTANT: If you do not hear from us within two weeks of submitting your application, it may be incomplete; please contact us to find out what is missing! **There is no cost to apply.** We will provide you*

*all the kits needed for the program. Remember the acceptance will be on first qualified come with completed application since the number of seats are limited!*

Disclaimer: Any screen shots, photos, recorded (audio or video) and/or compiled online materials created for and/or during the Summer Program are property of the DU-QC-WISHES Program and may be used for promotional purposes at the discretion of the Program Director. Your acceptance to the program is your consent.

***Application form along with transcript are due by May 30.***

***Shortlisted candidates will be interviewed (with their parent/guardian) tentatively in the first week of June.***

**E-mail the completed application form and transcript, by May 30, to:  
Dr. Julie Basu-Ray, Assistant Program Director  
at [juliebasuray@gmail.com](mailto:juliebasuray@gmail.com)**



## DU- QC- WISHES 2022

Dillard University- Quantum Computing- Women In STEM  
High School Experience in Summer  
Chapter for Women in STEM, Physics and Optics  
Dillard University, New Orleans, LA

### PARTICIPANT AND PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth (yyyy/mm/dd): _____		
Name of School: _____	Grade in August '22: _____		
Name of Parent/Guardian/Primary Contact: _____			
Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	
Home Phone: _____	Cell Phone: _____		
Email address you check frequently: _____			
Best way to contact you? (circle one)	Home Phone	Cell Phone	Email
Please send my paperwork via (circle one)	US mail	Email	FAX

**What technology devices do you have access to utilize at home during the DU-WISHES Program period? Click all the apply.**

- Desktop
- Laptop, Netbook or Chromebook (any brand)
- Tablet (ex. iPad, Android, Nook, Fire, etc)
- Smartphone
- Do not have a technology device at home

**Does your home have internet service?**

- Yes. Cable modem
- Yes. Fiberoptic (ex. FiOS, Google)
- Yes. DSL
- Yes. Tethering to a Smartphone or Tablet
- Yes. Laptop with imbedded wireless modem
- No. We do not have internet access at home.

What is your T-shirt size (Mandatory to wear it throughout the program) \_\_\_\_\_

**We need this information ASAP**

**EMERGENCY CONTACTS** (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Second Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext \_\_\_\_\_

Medical insurance is required to participate in the program.

**SAFETY INFORMATION** (please list all known conditions so we can accommodate the participant's needs)

Do you have any medical conditions, allergies, or special needs the Program staff should know about?

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\_\_\_\_\_  
\_\_\_\_\_

1. Tell us briefly (150- 200 words) why you are interested in STEM fields and what do you know about Quantum computing (no need to Google, just tell us whatever you know now)

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2. Why do you want to be a part of this DU-QC-WISHES summer program? (100- 150 words)

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3. What are your extracurricular interests?

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## PROGRAM LIABILITY RELEASE FORM

**Please read carefully before signing. Parent/ Guardian signature is mandatory if the student is under 18 years of age. Proof of medical insurance is required.**

I, \_\_\_\_\_, the Parent/Guardian of \_\_\_\_\_, acknowledge that I voluntarily and willingly permit my child to participate in DU-WISHES Program at Dillard University (DU) campus, during the time period June 8- June 22, 2022.

I understand participation in the Program is completely voluntary and NO INSURANCE COVERAGE MAY EXIST THROUGH Dillard University or the DU WISHES program TO COVER ANY CLAIMS THAT MAY ARISE OUT OF MY CHILD'S PARTICIPATION IN THE program. In consideration for Dillard University's arranging this opportunity for my child to participate in this Program and knowing that I would be required to sign this Release of Liability, I acknowledge that I have fully read this Release and hereby execute this Release with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

I understand and agree that my child must arrange her own transportation to and from Dillard University on all the program days and if any field trips if required. Dillard University may arrange transportation for my child. In this event, I further understand that my child's decision to accept transportation from Dillard University is completely voluntary and accepted at her own risk, and that such transportation will not be covered by any Dillard University insurance. If my child arranges her own alternate transportation, I understand that she must provide her own automobile collision and liability insurance, at her expense if my child chooses to drive. Further I understand and agree that whatever alternate mode of transportation she may choose will not be covered by any insurance from Dillard University.

I fully understand and acknowledge that by my child's participation in the Program, she faces the risk of accidental and/or other injury. These risks include, but are not limited to, (1) traveling to and from the Program, (2) loss or damage to personal property; (3) injury or fatality due to, and/or related to, (a) walking, running, and/or other physical activity, (b) the condition of facilities away from the Dillard University campus, which are not under the control and maintenance of Dillard University, (c) exposure to inclement weather (d) slips and falls, and (e) any and all other aspects and stress related to the Program, including interaction with personnel at other locations, who may not be employees of Dillard University, among others. I understand and assume the risks of my child's participation in the Program.

I further acknowledge that my child has asked for and has received reasonable accommodations for any disability my child may have brought to the attention of the Program supervisors, having first presented valid certification of her disability to the Supervisor at the time of application.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE CAMP SHALL BE UNDERTAKEN BY MY CHILD AT HIS/HER OWN RISK AND THAT NEITHER Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS,

ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE CAMP, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD OR ON THE PART OF Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND Dillard University, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

**ACCEPTED AND AGREED BY (This part must be notarized)**

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's/ Guardian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Witness signature

Witness signature

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For questions, contact:

**Program Assistant Director:**

Dr. Julie Basu-Ray  
Faculty, Department of Biology and Health Sciences, Christian Brothers University, Memphis, TN  
Email: [juliebasuray@gmail.com](mailto:juliebasuray@gmail.com)

**Program Director:**

Dr. Abdalla Darwish  
Presidential Professor, Professor of Physics, Dillard University, New Orleans, LA  
Email: [adarwish@dillard.edu](mailto:adarwish@dillard.edu)  
Phone: 504-816-4317