APPALACHIAN REGIONAL COMMISSION/
OAK RIDGE NATIONAL LABORATORY/
OAK RIDGE ASSOCIATED UNIVERSITIES

2015 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY
July 19–24, 2015, Oak Ridge, Tennessee

PLEASE PRINT ALL INFORMATION USING BLACK OR DARK BLUE INK.

Name _____ _____ _____ Male _____ Female _____
Last First **FULL** Middle Name (or use **NMN** if no middle name)

Social Security Number _____-_____-_____ U.S. Citizen* _____ _____
Yes No

***Note: U.S. Citizenship required to enter ORNL facilities.**

Date of Birth* _____ _____ _____
Month Day Year

***NOTE: All participants must be between the ages of 12 and 14 on July 19, 2015, to participate.**

School Name _____

School County _____

School Address _____ _____ _____ _____
Street City State Zip Code

School Telephone Number _____ School Fax Number _____
Area Code & Number Area Code & Number

Home Address _____ _____ _____ _____
Street City State Zip Code

Home Telephone Number _____ Applicant's Cell Phone Number _____
Area Code & Number Area Code & Number

Preferred E-Mail Address_____
(please print clearly)

Alternate E-Mail Address _____
(please print clearly)

T-shirt size (circle one): S M L XL XXL XXXL (adult sizes)

PARENT OR GUARDIAN OF STUDENT APPLICANTS – PLEASE READ AND SIGN THE FOLLOWING:

_____ has my permission to submit this application and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge National Laboratory/Oak Ridge Associated Universities 2015 Middle School Summer Science Academy, to be held July 19–July 24, 2015, in Oak Ridge, Tennessee.

_____ _____
Printed Name of Parent or Guardian ***Signature of Parent or Guardian***

Home Phone Number_____ ***Work Phone Number***_____

Parent/Guardian's Cell Phone Number: _____ _____
Date

Parent/Guardian's E-mail Address: _____
(please print clearly)

_____ _____
Signature of Applicant ***Date***

All applicants must complete both pages of this application.

Applications must be received by NYSED on or before Wednesday, March 4, 2015.

MIDDLE SCHOOL SUMMER SCIENCE ACADEMY

Name _____ _____ _____
Last First **FULL** Middle Name (or **NMN** if no middle name)

***Note: Planned attendance in a public school in a designated Appalachian county during school-year 2015–2016 required.**

Current School Grade* _____

Parent/Guardian 1 Name _____ Address _____
Street City, State Zip Code

Parent/Guardian 2 Name _____ Address _____
Street City, State Zip Code

- ❑ Have you participated in a hands-on math or science camp on a previous occasion?* _____ Yes _____ No

***Note: Applicants who have not previously participated in a math/science academy will receive priority.**

If your answer to the above question is *yes*, please complete the following:

- Name of camp you attended:_____
- Where was the camp held?_____
- When did you attend? _____
- Name of organization sponsoring the camp: _____
- Were you nominated to attend? _____ Yes _____ No; By whom? _____

_____

- ❑ Are you planning to attend college or other post-secondary school? _____ Yes _____ No _____ Not sure yet
- ❑ Did either of your parents attend college or university? (Check "yes" if they attended, whether or not they graduated.) _____ Yes _____ No
- ❑ If you have older brothers or sisters, have any of them attended college or university? _____ Not Applicable _____ Yes _____ No
- ❑ Does your school have Internet access? _____ Yes _____ No
- ❑ Do you have Internet access at home? _____ Yes _____ No

TEACHER, SCHOOL COUNSELOR, OR SCHOOL ADMINISTRATOR OF APPLICANTS, PLEASE READ AND SIGN THE FOLLOWING:

_____ is able to follow directions and work in a team, and will likely benefit by participating in the Appalachian Regional Commission/Oak Ridge National Laboratory/ Oak Ridge Associated Universities 2015 Middle School Summer Science Academy.

_____ _____
Signature of School Official ***Date***

_____
Printed Name and Title ***You may attach a letter of reference if desired.***

Applications must be received by NYSED on or before Wednesday, March 4, 2015.
For questions or further information, please visit http://www.arc.gov/summerSTEM
All applications must be submitted through the ARC state program manager or designee.