



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

2018 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY  
July 15–20, 2018, Oak Ridge, Tennessee

**PLEASE PRINT ALL INFORMATION USING BLACK OR DARK BLUE INK.**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First FULL Middle Name

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ U.S. Citizen\*  Yes  No  
(or use NMN if no middle name)

**\*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 14, 2018, 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 APPLICANT—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 2018 Middle School Summer Science Academy, to be held July 15–July 20, 2018, 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**

MIDDLE SCHOOL SUMMER SCIENCE ACADEMY

Name \_\_\_\_\_  
Last First FULL Middle Name  
(or NMN if no middle name)

Current School Grade\* \_\_\_\_\_

**\*Note: Planned attendance in a public school in a designated Appalachian county during the 2018-2019 school year is required.**

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? \_\_\_\_\_; By whom? \_\_\_\_\_  
Yes No

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

**APPLICANT'S TEACHER, SCHOOL COUNSELOR, OR SCHOOL ADMINISTRATOR TO 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 2018 Middle School Summer Science Academy.

\_\_\_\_\_  
*Signature of School Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name and Title*

*You may attach a letter of reference if desired.*