



APPALACHIAN REGIONAL COMMISSION/
OAK RIDGE NATIONAL LABORATORY

2011 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY INSTITUTE
July 9 - 22, 2011, Oak Ridge, Tennessee

PLEASE PRINT ALL INFORMATION USING DARK COLORED INK.

Name Last First FULL Middle Name Male Female

Student Teacher U.S. Citizen* (or use NMN if no middle name)

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

Social Security Number Date of Birth* Yes No

Month Day Year

School Name *NOTE: All high school applicants, including students, must be 16 years of age by July 9, 2011 to participate.

School County

School Address Street City State Zip Code

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

Home Address Street City State Zip Code

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

E-Mail Address

Example: J S C H W A R T Z @ A R C . G O V

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

Parent or Guardian signature and contact information section with fields for name, signature, phone numbers, and date.

Applicant signature and date section.

Student applicants: Please complete Page Two of this application and attach a letter of reference from a teacher, school counselor or administrator.
Teacher applicants: Please complete Page Three of this application.

Teacher Applicants Complete This Page

Name _____
Last First Full Middle Name
(or use NMN if no middle name)

School grade(s) you will teach in 2011-2012* _____

Subject(s) you will teach in 2011-2012* _____

***NOTE: Teacher participants must be scheduled to teach math, science or technology in grades 9-12 in public schools in a designated Appalachian county during the 2011-2012 academic year.**

Highest Degree Earned _____ Major _____ College/University _____ Date _____

Can you commit to participating for the full two weeks, July 9 – 22, 2011? _____
Yes No

Have you participated in a similar institute previously? _____
Yes No

If your answer is *Yes*, please complete the following:

- Name of institute attended: _____
- Sponsor: _____ When? _____
- Was the institute one in which you were nominated to participate? _____
Yes No
- If you were nominated, who nominated you? _____
- Purpose of the institute: _____

Does your school have Internet access? _____
Yes No

Does your classroom have Internet access? _____
Yes No

What kinds of technology are you currently using to provide classroom instruction?

What do you hope to gain from attending this institute? _____

Have you participated in any team learning experiences previously? _____
Yes No

Do you have any previous research experience? _____
Yes No

If *yes*, please tell when, where, and how long: _____

Have you participated in a previous ARC/ORNL workshop?* _____
Yes No

If *yes*, please provide the details (use a separate sheet if necessary):

***Note: Applicants who have not previously participated will receive priority.**