



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 School Fax Number Area Code & Number

Home Address

Street City State Zip Code

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

E-Mail Address grid of boxes

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 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 2011 High School Summer Math-Science-Technology Institute to be held from July 9 to 22, 2011 at the Oak Ridge National Laboratory in Oak Ridge, Tennessee.
Print Name of Parent/Guardian Signature of Parent/Guardian
Home Phone Number: Work Phone Number:
Parent/Guardian's Cell Phone Number: Date

Signature of Applicant Date

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.

# High School Student Applicants Complete This Page

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

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

**\*Note: Planned attendance in a public school in a designated Appalachian county during school-year 2011-2012 required.**

Parent/Guardian 1 Name \_\_\_\_\_ Address \_\_\_\_\_  
Street State Zip Code

Parent/Guardian 2 Name \_\_\_\_\_ Address \_\_\_\_\_  
Street State Zip Code

Have you participated in a hands-on learning institute on a previous occasion? \*  
Yes No

**\*Note: Priority is given to applicants who have not previously participated in a math/science institute other than the ARC-ORNL middle school camp.**

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

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

List all math, science, and computer technology courses you will have completed by the end of the 2010-2011 school year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying to participate in the ARC/ORNL Summer Math-Science-Technology Institute? (Use a separate sheet, if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you planning to attend college or other post-secondary schools? \_\_\_\_\_  
Yes No Not sure yet

Have you taken any of the college admissions tests yet (e.g., ACT, SAT, PSAT)? \_\_\_\_\_  
Yes No

Have you worked in a team or group setting previously? \_\_\_\_\_  
Yes No

Does your school have access to the Internet? \_\_\_\_\_  
Yes No

Do you have access to the Internet at home? \_\_\_\_\_  
Yes No

How do you think your participation in this institute will impact your classroom learning?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach to Page One

*Applications are due by March 11, 2011*

**Student applicants must attach a letter of reference from a teacher, school counselor or administrator.**