



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

2019 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY

July 13–19, 2019 Oak Ridge, Tennessee

NOTE: Open this form with Adobe Reader & complete the boxes using your computer.
Save the completed form to your computer & e-mail it on or before March 15 to:
scott.sharp@ky.gov

Name _____ Male _____ Female _____

Last

First

FULL Middle Name

(or use NMN if no middle name)

Date of Birth* _____

US. Citizen

☐ ☐

Yes No

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

Month

Day

Year

***NOTE: All participants must be between the ages of 12
and 14 on July 12, 2019, 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:

*By checking this box, I/we hereby give permission to _____ to submit this application
and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge National
Laboratory/Oak Ridge Associated Universities 2019 Middle School Summer Science Academy, to be
held July 13–July 19, 2019, in Oak Ridge, Tennessee.*

Printed Name 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)

**For Applicant, please check this box to
verify that you are applying to this program**

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 2019–2020 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 2019 Middle School Summer Science Academy.

By checking this box, I hereby give my approval for this application.

Printed Name and Title of School Official

Date

You may attach a letter of reference if desired.