

## 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

Date of Birth*						·	Maie	Female
School Name and 14 on July 12, 2019, to participate.  School County	Date of Birth*					$_{ m n}$ $\square$ $\square$	rec	quired to enter
School County Street City State Zip Code  School Telephone Number Area Code & Number	School Name							n the ages of 12
School Address Street City State Zip Code School Telephone Number Area Code & Number  Home Address Street City State Zip Code Home Telephone Number Area Code & Number  Area Code & Number Area Code & Number  Freferred 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 FOLLOWIN. By checking this box, Iwe hereby give permission to to submit this application and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge Nation 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								
School Telephone Number Area Code & Number Area Code & Number  Home Address Street City State Zip Code  Home Telephone Number Area Code & Number  Area Code & Number  Area Code & Number  Applicant's Cell Phone 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 Nation 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								
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Home Address Street City State Zip Code Home Telephone Number Applicant's Cell Phone 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 FOLLOWIN: By checking this box, I/we hereby give permission to to submit this applicatic and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge Nation 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	School Telepho	one Numb	er			School Fax Number		
Street   City   State   Zip Code							Area Co	de & Number
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ARC/ORNL/ORAU 2019 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY IS DEPENDENT UPON AVAILABILITY OF FUNDING.

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rent/Guardian 1 Name		Address			
			Street	City, State	Zip Code
rent/Guardian 2 Name		Address	Street	City, State	Zip Code
☐ Have you participated in a hands-on no or science camp on a previous occasion		No No	*Note: Applicants who have not previously participated in a math/science academy will receive priority.		
If your answer to the above question is	<i>yes</i> , plea	ase complete the	e following:		
Name of camp you attended:					
Where was the camp held?					
When did you attend?					
Name of organization sponsoring t	he cam	o:			
<ul> <li>Were you nominated to attend?</li></ul>	other po ege or un	st-secondary scl niversity? they graduated.	hool? Yes )	No No	lot sure yet
			Not Applicable	Yes	No
□ Does your school have Internet access	? Yes				
□ Do you have Internet access at home?	Yes				
APPLICANT'S TEACHER, SCHOOL OF SIGN THE FOLLOWING:  benefit by participating in the National Laboratory/ Oak Ridge Asso Academy.  By checking this box, I hereby give	s able t Appalo ociated	to follow direc achian Regio Universities 2	tions and wor nal Commiss 019 Middle Sci	k in a team, c sion/Oak Ri	ınd will like dge
Printed Name and Title of School Offi	icial		ate nay attach a le	etter of refere	nce if desire