



APPALACHIAN REGIONAL COMMISSION/ OAK RIDGE NATIONAL LABORATORY
2019 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY
INSTITUTE July 6–19, 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)

Student Teacher U.S. Citizen*
Yes No

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

Date of Birth* _____
Month Day Year

School Name _____
 School County _____

***NOTE: All high school student applicants must be 16 years of age by July 5, 2019, to participate**

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

PARENT OR GUARDIAN OF STUDENT APPLICANT—PLEASE READ AND ACKNOWLEDGE THE FOLLOWING:

By checking this box, _____ has my permission to submit this application and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge National Laboratory 2019 High School Summer Math-Science-Technology Institute, to be held from July 6 to July 19, 2019, at the Oak Ridge National Laboratory in Oak Ridge, Tennessee.

Printed Name of Parent/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 and to verify _____
that you are applying to this program. Date _____

Student applicants: Please complete Page 2 of this application and attach a letter of reference from a teacher, school counselor, or school administrator.
Teacher applicants: Please complete Page 3 of this application.

High School Student Applicants Complete This Page

Name _____
Last First F**ULL** 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 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 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? Yes _____ No _____ By whom? _____

- List all math, science, and computer technology courses you will have completed by the end of the 2018–2019 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 school? 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 Internet access? Yes _____ No _____

- Do you have Internet access at home? Yes _____ No _____

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

Applications must be submitted through Kentucky's ARC program manager, Scott Sharp. Applications are due on or before March 15, 2019 via e-mail to scott.sharp@ky.gov

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

For further information, please visit <http://www.arc.gov/summerSTEM>.

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 2019-2020* _____

Subject(s) you will teach in 2019-2020* _____

***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 2019-2020 academic year.**

Other grades and subjects you have taught: _____

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

Can you commit to participating for the full two weeks, July 6-19, 2019? _____
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.**

Please attach to Page One

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