

2019 High School Summer Math-Science-Technology Institute

Application Instructions

IMPORTANT NOTE: The application is a fillable PDF form which allows you to fill out the form on your computer. You will need to open the form in Adobe Reader or a similar program, which will allow you to fill in the blanks using your computer. Once complete, save the form to your computer in order to e-mail it.

DO NOT print and scan the application. If you do not have access to Adobe Reader or similar program in order to "edit" the pdf, please check with your guidance counselor for help or contact Scott Sharp, Kentucky's ARC program manager at 502-892-3476 or via e-mail at scott.sharp@ky.gov

E-mail the completed form on or before March 15, 2019 to Kentucky's ARC program manager, Scott Sharp, at scott.sharp@ky.gov

Students (Applicants) Complete pages one and two of the application

1. Fill out page one of the application completely.

**APPALACHIAN REGIONAL COMMISSION/
OAK RIDGE NATIONAL LABORATORY**

**2019 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY
INSTITUTE July 6-19, 2019, Oak Ridge, Tennessee**

**PLEASE FILL OUT ALL INFORMATION ON THIS FORM. SAVE COMPLETED FORM TO YOUR
COMPUTER**

Applications are due to state ARC offices on or before March 15, 2019—some states may have an earlier deadline.

Name: Last _____ First _____ FULL Middle Name _____ Male Female
(or use NMN if no middle name)

Student Teacher U.S. Citizen* Yes No Date of Birth* _____
*Note: U.S. citizenship required to enter ORNL facilities.

School Name _____ NOTE: All high school student applicants must be 16 years of age by July 6, 2019, 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 _____
 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, _____ gives 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.
 Print Name of Parent/Guardian: _____ 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 Two of this application and attach a letter of reference from a teacher, school counselor, or school administrator.
 Teacher applicants: Please complete Page Three of this application.

ARC-ORNL 2019 High School Summer Math-Science-Technology Institute is dependent upon availability of funding.

2. On page one, indicate if you are applying as a student

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Name: Last _____ First _____ FULL Middle Name _____ Male Female
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Student Teacher U.S. Citizen* Yes No Date of Birth* _____
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3. Fill out page two of the application completely.



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Name Last First FULL Middle Name Male Female
(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

*NOTE: All high school student applicants must be 16 years of age by
July 6, 2019, 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

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:

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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: Work Phone Number:

Home 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 Two of this application and attach a letter of reference from a
teacher, school counselor, or school administrator.

Teacher applicants: Please complete Page Three of this application.

ARC-ORNL 2019 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY INSTITUTE IS DEPENDENT UPON AVAILABILITY OF FUNDING.

- On page one of the application, check the box to acknowledge that you are applying for participation in the Institute.

For Applicant, please check this box and to verify that you are applying to this program. Date

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

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- Save the application to your local computer drive with the applicant's name as part of the filename.
- The application has to remain in a fillable pdf format (digital) – **DO NOT** print and scan the application. If you have no internet access at home, the form can be saved on a USB drive, downloaded onto a computer & opened in Adobe Reader or similar program, and then completed by your parent/guardian, and saved.
- Don't forget to submit a letter of reference from a teacher, school counselor, or school administrator.

Parents/Guardians

1. On page one of the application, complete the following section.

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

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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)


2. The application has to remain in a fillable pdf format (digital) – **DO NOT** print and scan the application. If you have no internet access at home, the form can be saved on a USB drive and downloaded onto your computer & opened in Adobe Reader or similar program, and then completed by your parent/guardian, and saved.

E-mail the completed form on or before March 15, 2019 to Kentucky's ARC program manager, Scott Sharp at scott.sharp@ky.gov. For questions, call Scott at 502-892-3476.

Teachers (Applicants)

Complete pages one and two of the application.

1. Fill out page one of the application completely.

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Date of Birth* _____ Month _____ Day _____ Year _____

School Name _____ *NOTE: All high school student applicants must be 16 years of age by July 6, 2018, 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 _____

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 SIGN THE FOLLOWING:

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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 _____

2. Indicate that you are applying as a teacher by checking the appropriate box



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- 3. On page one of the application, check the box to acknowledge that you are applying for participation in the Institute.

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- 4. Fill out page three of the application completely.

Teacher Applicants Complete This Page Page Three
Name Last First Full Middle Name
School grade(s) you will teach in 2019-2020*
Subject(s) you will teach in 2019-2020*
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?
Have you participated in a similar institute previously?
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?
If you were nominated, who nominated you?
Purpose of the institute:
Does your school have Internet access?
Does your classroom have Internet access?
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?
Do you have any previous research experience?
If yes, please tell when, where, and how long:
Have you participated in a previous ARC/ORNL workshop?
If yes, please provide the details (use a separate sheet if necessary):
Please attach to Page One Applications are due on or before March 15, 2019
All applications must be submitted through the state ARC program manager or designee.
For further information, please visit http://www.arc.gov/summerSTEM.

- 5. Save the application to your local computer drive with the applicant's name as part of the filename.

6. The application has to remain in a fillable pdf format (digital) – **DO NOT** print and scan the application. If you have no internet access at home, the form can be saved on a USB drive and downloaded onto your computer & opened in Adobe Reader or similar program, and then completed and saved.

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