



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

2019 MIDDLE SCHOOL SUMMER SCIENCE
ACADEMY July 13–19, 2019 Oak Ridge, Tennessee

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

Name _____ Male _____ Female _____
Last First FULL Middle Name

Date of Birth* _____ US. Citizen
Month Day Year Yes No
(or use NMN if no middle name)

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

School Name _____

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

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.