

2010 MIDDLE SCHOOL SUMMER SCIENCE CAMP

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 school-year 2010-2011 required.**

Parent/Guardian 1 Name _____ Address _____
Street State Zip Code

Parent/Guardian 2 Name _____ Address _____
Street 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 another math/science camp 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 schools? _____
Yes No Not sure yet

Did either of your parents attend college or university? (Check 'yes' if they attended but did not graduate.)
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 access to the Internet? _____
Yes No

Do you have access to the Internet at home? _____
Yes No

TEACHER, SCHOOL COUNSELOR, OR SCHOOL ADMINISTRATOR OF APPLICANTS, PLEASE READ AND SIGN THE FOLLOWING:

_____ is able to follow directions, work in a team, and will likely benefit by participating in the Appalachian Regional Commission/Oak Ridge National Laboratory 2010 Middle School Summer Science Camp.

Signature of School Official

Date

Print name and title

You may attach a letter of reference if desired.