



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

**2018 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY
July 15–20, 2018, Oak Ridge, Tennessee**

PLEASE PRINT ALL INFORMATION USING BLACK OR DARK BLUE INK.

Name _____ Male _____ Female _____
Last First FULL Middle Name

Social Security Number _____ - _____ - _____ U.S. Citizen* Yes No
(or use NMN if no middle name)

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

Date of Birth* _____
Month Day Year

***NOTE: All participants must be between the ages of 12
and 14 on July 14, 2018, to participate.**

School Name _____

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:

_____ *has my permission to submit this application and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge National Laboratory/Oak Ridge Associated Universities 2018 Middle School Summer Science Academy, to be held July 15–July 20, 2018, in Oak Ridge, Tennessee.*

Printed Name of Parent or Guardian _____ Signature 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)

Signature of Applicant

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 2018–2019 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 2018 Middle School Summer Science Academy.

Signature of School Official

Date

Printed Name and Title

You may attach a letter of reference if desired.