



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

**2017 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY
July 16–21, 2017, 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 16, 2017, 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 2017 Middle School Summer Science Academy, to be held July 16–July 21, 2017, 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 2017–2018 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 2017 Middle School Summer Science Academy.

Signature of School Official

Date

Printed Name and Title

You may attach a letter of reference if desired.