



APPALACHIAN REGIONAL COMMISSION

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

2009 MIDDLE SCHOOL SUMMER SCIENCE CAMP July 19 - 24, 2009, Oak Ridge, Tennessee

PLEASE PRINT ALL INFORMATION REQUESTED. WRITE LEGIBLY AND USE DARK COLORED INK.

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

Student Teacher U.S. Citizen\* Yes No

Social Security Number Date of Birth\* Month Day Year

School Name

County

\*NOTE: All participants must be between the ages of 12 and 14 by June 1, 2009, to participate.

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 Participant's Cell Phone Number Area Code & Number

E-Mail Address grid of boxes

Example: J S C H W A R T Z @ A R C . G O V

T-shirt size (circle one): S M L XL XXL XXXL (adult sizes)

PARENT OR GUARDIAN OF STUDENT PARTICIPANTS 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 2009 Middle School Summer Science Camp to be held from July 19 - 24, 2009 at the Oak Ridge National Laboratory in Oak Ridge, Tennessee. Print Name of Parent or Guardian Signature of Parent or Guardian Home Phone Number Work Phone Number Parent's Cell Phone Number Date

Signature of Participant Date

Name \_\_\_\_\_  
Last First FULL Middle Name  
(or NMN if no middle name)

Current School Grade\* \_\_\_\_\_

**\*Note: Attendance in a public school in a designated Appalachian county during school-year 2009-2010 required.**

Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
Street State Zip Code

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
Street State Zip Code

- Have you participated in a hands-on learning institute 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 institute you attended: \_\_\_\_\_
- Where was the institute held? \_\_\_\_\_
- When did you attend? \_\_\_\_\_
- Name of organization sponsoring the institute: \_\_\_\_\_
- 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? (Say '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 PARTICIPANTS, 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 2009 Middle School Summer Science Camp.

\_\_\_\_\_  
*Signature of School Official*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print name and title*

*You may attach a letter if desired.*