



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

**2015 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY
July 19–24, 2015, Oak Ridge, Tennessee**

PLEASE PRINT ALL INFORMATION USING BLACK OR DARK BLUE INK.

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

Social Security Number _____ U.S. Citizen* _____
Yes No

***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 19, 2015, 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 APPLICANTS – 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 2015 Middle School Summer Science Academy, to be held July 19–July 24, 2015, 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 school-year 2015-2016 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

TEACHER, SCHOOL COUNSELOR, OR SCHOOL ADMINISTRATOR OF APPLICANTS, PLEASE 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 2015 Middle School Summer Science Academy.

Signature of School Official

Date

Printed Name and Title

You may attach a letter of reference if desired.