



APPALACHIAN REGIONAL COMMISSION/
OAK RIDGE NATIONAL LABORATORY

2014 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY INSTITUTE
July 5-18, 2014, Oak Ridge, Tennessee

PLEASE PRINT ALL INFORMATION USING BLACK OR DARK BLUE INK.

Applications are due on or before March 7, 2014

Name Last First FULL Middle Name Male Female

(or use NMN if no middle name)

Student Teacher U.S. Citizen\* Yes No

\*Note: U.S. Citizenship required to enter ORNL facilities.

Social Security Number Date of Birth\* Month Day Year

School Name

\*NOTE: All high school student applicants must be 16 years of age by July 5, 2014, to participate.

School County

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 Applicant's Cell Phone 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

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 2014 High School Summer Math-Science-Technology Institute to be held from July 5 to July 18, 2014, at the Oak Ridge National Laboratory in Oak Ridge, Tennessee.

Printed Name of Parent/Guardian Signature of Parent/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

Student applicants: Please complete Page Two of this application and attach a letter of reference from a teacher, school counselor or administrator.

Teacher applicants: Please complete Page Three of this application.

# High School Student Applicants Complete This Page

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

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

**\*Note: Planned attendance in a public school in a designated Appalachian county during school-year 2014-2015 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 learning institute on a previous occasion? \*  
Yes No

**\*Note: Priority is given to applicants who have not previously participated in a math/science institute other than the ARC-ORNL middle school camp.**

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

List all math, science, and computer technology courses you will have completed by the end of the 2013-2014 school year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you applying to participate in the ARC/ORNL Summer Math-Science-Technology Institute? (Use a separate sheet, if necessary.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you planning to attend college or other post-secondary school? \_\_\_\_\_  
Yes No Not sure yet

Have you taken any of the college admissions tests yet (e.g., ACT, SAT, PSAT)? \_\_\_\_\_  
Yes No

Have you worked in a team or group setting previously? \_\_\_\_\_  
Yes No

Does your school have Internet access? \_\_\_\_\_  
Yes No

Do you have Internet access at home? \_\_\_\_\_  
Yes No

How do you think your participation in this institute will impact your classroom learning?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach to Page One

*Applications are due on or before March 7, 2014*

*Student applicants must attach a letter of reference from a teacher, school counselor or administrator.*

# Teacher Applicants Complete This Page

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

School grade(s) you will teach in 2014-2015\* \_\_\_\_\_

Subject(s) you will teach in 2014-2015\* \_\_\_\_\_

**\*NOTE: Teacher participants must be scheduled to teach math, science or technology in grades 9-12 in public schools in a designated Appalachian county during the 2014-2015 academic year.**

Other grades and subjects you have taught: \_\_\_\_\_

Highest Degree Earned \_\_\_\_\_ Major \_\_\_\_\_ College/University \_\_\_\_\_ Date \_\_\_\_\_

- Can you commit to participating for the full two weeks, July 5 – 18, 2014? \_\_\_\_\_  
Yes No
- Have you participated in a similar institute previously? \_\_\_\_\_  
Yes No

If your answer is Yes, please complete the following:

- Name of institute attended: \_\_\_\_\_
- Sponsor: \_\_\_\_\_ When? \_\_\_\_\_
- Was the institute one in which you were nominated to participate? \_\_\_\_\_  
Yes No
- If you were nominated, who nominated you? \_\_\_\_\_
- Purpose of the institute: \_\_\_\_\_

- Does your school have Internet access? \_\_\_\_\_  
Yes No
- Does your classroom have Internet access? \_\_\_\_\_  
Yes No
- What kinds of technology are you currently using to provide classroom instruction?  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from attending this institute? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you participated in any team learning experiences previously? \_\_\_\_\_  
Yes No
- Do you have any previous research experience? \_\_\_\_\_  
Yes No

If yes, please tell when, where, and how long: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Have you participated in a previous ARC/ORNL workshop?\* \_\_\_\_\_  
Yes No
- If yes, please provide the details (use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*Note: Applicants who have not previously participated will receive priority.**