



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

**2014 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY  
July 13-18, 2014, 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 13, 2014, 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 2014 Middle School Summer Science Academy to be held July 13 – July 18, 2014, 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 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 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 2014 Middle School Summer Science Academy.

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

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

\_\_\_\_\_  
*Printed Name and Title*

*You may attach a letter of reference if desired.*