



APPALACHIAN REGIONAL COMMISSION/
OAK RIDGE NATIONAL LABORATORY

2019 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY
INSTITUTE July 6–19, 2019, Oak Ridge, Tennessee

**PLEASE FILL OUT ALL INFORMATION ON THIS FORM. SAVE COMPLETED FORM TO YOUR
COMPUTER**

Applications are due to state ARC offices on or before March 8, 2019—some states may have an earlier deadline.

Name _____ Male _____ Female _____

Last

First

FULL Middle Name

(or use NMN if no middle name)

Student ☐ Teacher ☐ U.S. Citizen* ☐ ☐

Yes No

Date of Birth*

Month Day Year

School Name _____

School County _____

***NOTE: All high school student applicants must be 16 years of age by
July 5, 2019, 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

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 APPLICANT—PLEASE READ AND ACKNOWLEDGE THE
FOLLOWING:**

*By checking this box, _____ has my permission to submit this application and, if
selected, to participate in the Appalachian Regional Commission/Oak Ridge National
Laboratory 2019 High School Summer Math-Science-Technology Institute, to be held from July 6 to
July 19, 2019, at the Oak Ridge National Laboratory in Oak Ridge, Tennessee.*

Printed Name 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)

**For Applicant, please check this box and to verify
that you are applying to this program.**

Date

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

Teacher applicants: Please complete Page Three of this application.

High School Student Applicants Complete This Page

Page Two

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 the 2019-2020 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 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 2018–2019 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 8, 2019

Student applicants must attach a letter of reference from a teacher or school counselor or administrator. All applications must be submitted through the state ARC program manager, Tamarah Holmes or designee. For further information, please visit <http://www.arc.gov/summerSTEM>.

Teacher Applicants Complete This Page

Page Three

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

School grade(s) you will teach in 2019-2020* _____

Subject(s) you will teach in 2019-2020* _____

***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 2019-2020 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 6–19, 2019? _____
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.**

Please attach to Page One

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