



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

2019 MIDDLE SCHOOL SUMMER SCIENCE  
ACADEMY July 13–19, 2019 Oak Ridge, Tennessee

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

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First FULL Middle Name

Date of Birth\* \_\_\_\_\_ US. Citizen ☐ Yes ☐ No  
Month Day Year (or use NMN if no middle name)

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

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 APPLICANT—PLEASE READ AND SIGN THE FOLLOWING:**  
**By checking this box, I/we hereby give permission to \_\_\_\_\_ to submit this application**  
**and, if selected, to participate in the Appalachian Regional Commission/Oak Ridge National**  
**Laboratory/Oak Ridge Associated Universities 2019 Middle School Summer Science Academy, to be**  
**held July 13–July 19, 2019, in Oak Ridge, Tennessee.**

\_\_\_\_\_  
**Printed Name 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)

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

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

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*All applicants must complete both pages of this application.*

**Applications are due on or before March 8, 2019 Some states may have earlier deadlines.**

ARC/ORNL/ORAU 2019 MIDDLE SCHOOL SUMMER SCIENCE ACADEMY IS DEPENDENT UPON AVAILABILITY OF FUNDING.

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 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 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

**APPLICANT’S TEACHER, SCHOOL COUNSELOR, OR SCHOOL ADMINISTRATOR TO 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 2019 Middle School Summer Science Academy.

*By checking this box, I hereby give my approval for this application.*

\_\_\_\_\_  
**Printed Name and Title of School Official**

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

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