APPALACHIAN REGIONAL COMMISSION/ OAK RIDGE NATIONAL LABORATORY

2009 SUMMER MATH-SCIENCE-TECHNOLOGY INSTITUTE
July 11 – 24, 2009, Oak Ridge, Tennessee

PLEASE PRINT ALL INFORMATION REQUESTED. WRITE LEGIBLY AND USE DARK COLORED INK.

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

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

Student _____ Teacher _____   U.S. Citizen***** _____ _____
                                                    Yes   No

Social Security Number _____-_____-_____ Date of Birth***** _____ _____ _____
                                                               Month   Day   Year

School Name _____

> ***NOTE: All participants, including students, must be 16 years of age by July 11, 2009 to participate.**

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 _____ Participant's Cell Phone Number _____
                      Area Code & Number   Area Code & Number

E-Mail Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Example: J S C H W A R T Z @ A R C . G O V

T-shirt size (circle one):   S   M   L   XL   XXL   XXXL

PARENT OR GUARDIAN OF STUDENT PARTICIPANTS 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 2009 Summer Math-Science-Technology Institute to be held from July 11 – 24, 2009 at the Oak Ridge National Laboratory in Oak Ridge, Tennessee.*

_____   _____
     Signature of Parent or Guardian   *Date*

*Home Phone Number*_____ *Work Phone Number*_____

*Parent's Cell Phone Number*_____

_____   _____
     Signature of Participant   *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.*

Name _____   _____   _____
                Last   First   **FULL** Middle Name
                                                                                  (or **NMN** if no middle name)

Current School Grade _____

> ***Note: Attendance in a public school in a designated Appalachian county during school-year 2009-2010 required.**

Father's Name _____   Address _____   _____ _____
                                                                            Street   State   Zip Code

Mother's Name _____   Address _____   _____ _____
                                                                            Street   State   Zip Code

☐ Have you participated in a hands-on
  learning institute on a previous occasion?***** _____ _____
                                                   Yes   No

> ***Note: Applicants who have not previously participated in another math/science institute will receive priority.**

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 2007-
  2008 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 schools? _____ _____ _____
                                                                        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 access to the Internet? _____ _____
                                                 Yes   No

☐ Do you have access to the Internet at home? _____ _____
                                               Yes   No

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

  _____

  _____

  _____

  _____

Please attach to Page One

Student applicants also need to attach a letter of reference from a teacher, school counselor or administrator.

Teacher Applicants Complete This Page

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

School grade(s) you will teach in 2009-2010***** _____

*NOTE: Teacher participants must teach math, science or technology in grades 9-12 in public schools in a designated Appalachian County.

Subject(s) you will teach in 2009-2010*

_____

Highest Degree Earned _____ Major _____ College/University _____ Date _____

❑ Can you commit to participating for the full two weeks, July 11 – 24, 2009? _____   _____
                                                                                                                         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

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

   If *yes*, please provide the details:
   _____
   _____
   _____

Please attach to Page One