



APPALACHIAN  
REGIONAL  
COMMISSION

APPALACHIAN REGIONAL COMMISSION/  
OAK RIDGE NATIONAL LABORATORY

2008 SUMMER MATH-SCIENCE-TECHNOLOGY INSTITUTE  
July 12 – 25, 2008, Oak Ridge, Tennessee

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

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

Student  Teacher \_\_\_\_\_ U.S. Citizen\* \_\_\_\_\_  
Yes No  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Month Day Year

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

School Name \_\_\_\_\_  
County \_\_\_\_\_

**\*NOTE: All participants, including  
students, must be 16 years of age by  
July 12, 2008 to participate.**

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 \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Area Code & Number

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 2006  
Summer Math-Science-Technology Institute to be held from July 12 – 25, 2008 at the Oak Ridge  
National Laboratory in Oak Ridge, Tennessee.  
  
\_\_\_\_\_  
*Signature of Parent or Guardian* *Date*  
*Daytime Phone Number* \_\_\_\_\_ *Evening Phone Number* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Participant* *Date*



**Student Applicants Complete This Page**

Name \_\_\_\_\_  
Last First F**ULL** 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 2008-2009 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 2005-2006 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**APPALACHIAN  
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*A Proud Past,*

*A New Vision*

## Photograph and Video Release

Photographs and video taken of \_\_\_\_\_  
(Please print participant's full name)

at the 2008 ARC/Oak Ridge National Laboratory Math-Science-Technology Summer Institute may be used by the Appalachian Regional Commission, the Oak Ridge National Laboratory, Oak Ridge Associated Universities, and their partners:

*(Check all that apply)*

\_\_\_\_\_ in a printed "yearbook" distributed to institute participants.

\_\_\_\_\_ in print media distributed to the public.

\_\_\_\_\_ in electronic media, including the Internet.

*Please note that participants' names and quotes may be used along with the photographs and videos.*

**(OR)**

\_\_\_\_\_ Photographs and video of the above participant may not be used in any print or electronic media.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

If participant is under 18, signature of parent or guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**All participants must return this form to ARC with their applications.**