APPALACHIAN REGIONAL COMMISSION/
OAK RIDGE NATIONAL LABORATORY

2017 HIGH SCHOOL SUMMER MATH-SCIENCE-TECHNOLOGY INSTITUTE
July 8–21, 2017, Oak Ridge, Tennessee

PLEASE PRINT ALL INFORMATION USING BLACK OR DARK BLUE INK.
Applications are due to the NC ARC office on or before March 17, 2017.

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

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

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

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

School Name _____

> *NOTE: All high school student applicants must be 16 years of age by July 8, 2017, to participate.

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

PARENT OR GUARDIAN OF STUDENT APPLICANT—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 2017 High School Summer Math-Science-Technology Institute, to be held from July 8 to July 21, 2017, at the Oak Ridge National Laboratory in Oak Ridge, Tennessee.*

_____   _____
Printed Name of Parent/Guardian   *Signature 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)

_____   _____
Signature of Applicant   *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

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 2017–2018 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 2016–2017 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 17, 2017*

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 or designee.
For further information, please visit http://www.arc.gov/summerSTEM.

Teacher Applicants Complete This Page

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

School grade(s) you will teach in 2017–2018***** _____

Subject(s) you will teach in 2017–2018*_____

_____

> ***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 2017–2018 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 8–21, 2017? _____ _____
                                                         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.**

  _____

  _____

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