

**2009 SUMMER SCIENCE TRAINING PROGRAM
MILLERSVILLE UNIVERSITY SCHOOL OF SCIENCE & MATHEMATICS**

APPLICATION -- PART 1

TO BE COMPLETED BY THE STUDENT APPLICANT and returned by **FRIDAY, May 15, 2009** to the Office of the Dean, School of Science and Mathematics, Caputo Hall, Millersville University, P.O. Box 1002, Millersville, PA, 17551-0302. Forms may be faxed to 717-872-3985. (Fax front and back of the form.) **The student is responsible for assuring that the entire application (Parts 1, 2, and 3) is submitted by the deadline.**

Please print or type

Student's name: _____
(last) (first or first initial) (middle initial or name)

Home address: _____
(house or box #) (street or route) (city)

(state) (zip code) (county)

Home telephone #: _____ / _____
(area code)

Age of student: _____ Date of Birth: _____ Sex: Male/Female
(month) (day) (year)

Did you participate in the 2008 program? Yes / No If **yes**, indicate track #:

Grade level as of Fall of 2009 (check one): ____ 8th / ____ 9th / ____ 10th / ____ 11th / ____ 12th

Name of secondary school: _____

School district: _____

School address: _____

Name of parent(s) or guardian(s): _____

Daytime telephone # of parent(s) or guardian(s): _____ / _____
(for emergency contact) (area code)

Which parent/guardian would we reach at the above daytime telephone #? _____

Track Selection (check one): ____ Track 1 ____ Track 2 ____ Track 3

(Over)

This page must be completed to be considered for acceptance into the program.

If you have received an award or recognition for science or mathematics achievement, indicate the granting institution, name of the award, date of the award, and the name of the project or paper. ATTACH AN ABSTRACT.

List any special science or mathematics projects, activities, or research otherwise not covered in the above question, and ATTACH A BRIEF DESCRIPTION of each project.

ATTACH A ONE-PAGE EXPLANATION of why you feel you are qualified and why you wish to participate in this program.

* * * * *

I certify that all of the above information is correct to the best of my knowledge.
I further recognize that arranging for complete submission of these application forms is my responsibility.
I authorize the school or its employees to release any necessary information for this application.
I understand that the application materials are confidential, that they will only be used in the 2009 selection process, and that they cannot be returned.

APPLICANT'S SIGNATURE: _____ (date)

PARENT/GUARDIAN'S SIGNATURE: _____ (date)