Application for the
Summer Science Experience for High School Students

Weather Academy 2006

Return this application by May 1, 2006

Name ____________________________________________________________

Address __________________________________________________________

Phone ____________________________________________________________

Name of Parent or Guardian __________________________________________

School Attended __________________________________ Grade level ______

*Name of Recommending Teacher ________________________________________

GPA ___________ / 4.0 SAT / PSAT Score (if applicable) ___________

Gender: Male Female

(circle one)   (circle one)

Ethnicity: African-American Asian

Caucasian Hispanic

Native American Pacific Islander

Extracurricular Activities

________________________________________________________________________

Awards and Honors

________________________________________________________________________

Student Signature Date            Parent Signature Date

*At least one letter of recommendation from a science or mathematics teacher is required for consideration.