

2010
BROOKHAVEN NATIONAL LABORATORY
OFFICE OF EDUCATIONAL PROGRAMS
COMMUNITY SUMMER SCIENCE PROGRAM

To the Student: Please submit this form along with (1) a one-page statement describing your interest in science, career goals, college plans and reasons for wanting to participate in this program; (2) an official copy of your transcript (see attached instructions to guidance office); and (3) at least two letters of recommendation with at least one being from your science or math teachers. (see attached instructions to references). All materials should be received by **April 16, 2010**, and forwarded to:

Catherine Osiecki
Community Summer Science Program
Brookhaven National Laboratory
Science Education Center - Building 438
Upton, NY 11973-5000

Personal Information

Name _____

Address _____

Home Telephone _____

Email _____

Cell Phone _____

Birth Date _____

U.S. Citizen? YES NO

PRA? YES NO

If PRA, complete the next three lines:

Birth Country _____

Birth City _____

PRA Number _____

Parent/Guardian _____

References 1. _____

2. _____

Academic Information

High School _____

H.S. Address _____

Present Grade Level _____

List Courses Completed and in Progress

****Indicate any AP Courses**

Science Courses Completed

Physics _____

Biology _____

Chemistry _____

In Progress _____

Math Courses Completed _____

In Progress _____

Computer Courses Completed/In Progress

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please Note: BNL does not provide transportation for the student.