

# Flying Cloud Institute

## YOUNG WOMEN IN SCIENCE EMILY'S PROJECT- APPLICATION FORM 2010

Applicant's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Emergency Contact #) \_\_\_\_\_ (Doctor #) \_\_\_\_\_

e-mail address \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade completed on 6/10 \_\_\_\_\_ Science Teacher \_\_\_\_\_

Are you interested in the paid position of counselor for the Girls Program for the week of Aug 2-6? yes \_\_\_\_\_ no \_\_\_\_\_

TO BE ANSWERED BY APPLICANT if you have NOT taken this program in past years. -

(Please attach another sheet of paper.)

1. Why do you want to participate in this program? Write at least 150 words.
2. Please have your science teacher write a recommendation for you and have it sent or emailed to the address below:

Flying Cloud Institute, 731 So. Sandisfield Rd., New Marlborough, MA 01230-2050 e-mail: [flyingcloudinstitute@gmail.com](mailto:flyingcloudinstitute@gmail.com)