

Flying Cloud Institute

YOUNG WOMEN IN SCIENCE STEM EXPLORERS- 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 _____

TO BE ANSWERED BY APPLICANT - (Please attach another sheet of paper if necessary.)

1. What areas of science interest you?
2. Do you like math? Have you had any algebra or geometry?
3. Have you met any scientists or been in a science laboratory?
4. Why do you want to participate in this program? Write at least 150 words.
5. 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