|  |  |  |  |
| --- | --- | --- | --- |
| Project AIMESS Application | | |  |
|  |
| Name | |  | |
| Current Teacher | |  | |
| Street Address | |  | |
| City/ZIP | |  | |
| Home Phone | |  | |
| Parent Work Phone | |  | |
| Parent Cell Phone | |  | |
| Parent E-Mail Address | |  | |

## Interests

### Tell us in which area(s) you are interested in pursuing!

|  |  |
| --- | --- |
| Science  Social Studies  English | Mathematics  \_\_\_ Music  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

## Activities

### What other programs and activities are you involved in? What do you like to do? ☺

|  |
| --- |
|  |

## Previous STEM Experience

### Please let us know what other programs, activities, and even competitions you have participated in how you liked them!

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Miscellaneous

|  |  |
| --- | --- |
| Allergies |  |
| Other Health-Related  Information |  |
| Anything else you’d like us to know? What makes you YOU? ☺ |  |

## Teacher Recommendation

|  |  |
| --- | --- |
| Teacher Name |  |
| Grade Taught |  |
| Please rate the student in the following categories (please circle one): | |
| Focused on STEM | Strongly Disagree Disagree Agree Strongly Agree |
| Well-Behaved | Strongly Disagree Disagree Agree Strongly Agree |
| Works Well with Others | Strongly Disagree Disagree Agree Strongly Agree |
| Please write a few sentences in regard to the student’s interest in STEM and his/her work ethic and behavior. | |
|  | |

Teacher Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_