Discovering Chemistry Summer Academy 2015 Summer Academy for Students Entering Grades 8-10 in Fall 2015 Department of Chemistry University of Central Oklahoma APPLICATION FORM	
Session 1: June 1 - 5	ssion 2: June 8 – 12
If you can attend either session, check both boxes but circle the session session, then check only that box. Completed applications will be revie are filled.	
Name:	
Address:	
County where you currently reside:	
Phone: _() Email: School you will attend in Fall 2015:	
Your classification for Fall Semester 2015 : 8 th Grade	9 th Grade 10 th Grade
Age as of June 1, 2015? Adult T-shirt Size	
Have you participated in a previous Summer Academy?	Y N
If so, where and when?	
Do you understand that this academy is for commuters only (r	no housing provided)?
Name and email/phone number of person recommending you	:
The following information is voluntary and is requested only in as amended.	n accordance with the 1968 Civil Rights Act
My ethnicity is: African American Asian	
Applicant's Signature (Required)	Date
Parent's or Legal Guardian's Signature (Required)	Date
Please ask a teacher, coach, or mentor to complete the reco other recommendation documents will not be considere the photo release is optional (please see FAQs for more infor	d. The liability waiver is also required, but
Please send to:	Application Checklist
Carla Supon, Administrative Assistant	Signed Application
Department of Chemistry	Photo Release yes 🗖 no 🗖
University of Central Oklahoma 100 N. University Drive, Box 88	Liability waiver
Edmond, OK 73034 email: csupon@uco.edu	Incomplete applications will not be reviewed.