**Get Green for Blue: Outdoor STEM Investigations Connecting Water to You**

**A Commuter Summer Academy**

**Northeastern State University at Broken Arrow**

**ACADEMY DATES: June 5, 2017 – June 9, 2017**

**Monday through Friday**

**Application Deadline: Open Until Filled.**

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| **LAST NAME *(Please Print)*** |  | **First Name** |  | **MI** |  | **Entering Grade** |  | **Date of Birth** |

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| **Street Address** |  | **City & State** |  | **Zip** |  | **Home Phone** |  | **Parent’s Cell** |

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|  |  | **Female** |  | **Male** |  |  |  | **(Only Required if Admitted)** |
| **County** |  |  |  |  |  | **Race**  **(If Native American – Indicate Tribe)** |  | **Social Security No.**  **(Only Required if Admitted)** |

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| **Name of School** |  | **Street Address** |  | **City** |  | **ST** |  | **Zip** |  | **Phone** |

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| **Special Request/Needs?** |  |

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| **Please list the science & mathematics courses you will have completed by the end of this school year:** |
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| **Please describe your participation in other science and mathematics activities:** |
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| **Signature of Applicant:** |  |

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| I give my **permission** for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the activities of the Summer Academy Program, including field trips. In addition, I give permission for the above participant to receive any medical attention deemed necessary by qualified medical personnel in the event such treatment is required during the Academy.  Emergency contact name(s) & number(s) ***Please Print***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PLEASE SUBMIT WITH YOUR APPLICATION:** A typed paragraph indicating your interest in the academy and your willingness to participate in a fall follow-up activity. We are interested in providing engaging learning with **enthusiastic** students.

**Please return applications & supporting paragraph to:**

Dr. Pamela Christol

Northeastern State University

3100 E. New Orleans Ave.

Broken Arrow, OK 74014

Phone: 918-449-6502

Email: [christol@nsuok.edu](mailto:christol@nsuok.edu)

Fax: 918-449-6539