**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.**

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

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

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

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

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

|  |
| --- |
| **Please list the science & mathematics courses you will have completed by the end of this school year:** |
|  |
|  |
|  |

|  |
| --- |
| **Please describe your participation in other science and mathematics activities:** |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **Signature of Applicant:** |  |

|  |
| --- |
| 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

Fax: 918-449-6539