

# National Youth Science Camp 2002 Delegate Application Cover Sheet

**You must be in 12<sup>th</sup> grade to apply.**

*Please type or print.*

**NAME:** \_\_\_\_\_ **SEX:** \_\_\_M\_\_\_F

The National Youth Science Camp will be held for four weeks between June 27 and July 22, 2002. Will you be available to participate during this entire period if you are selected? (circle one) **Yes No**

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**HOME TELEPHONE:** ( ) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**PARENTS'/LEGAL GUARDIANS' FULL NAMES:** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

**PRINCIPAL:** \_\_\_\_\_ **SCHOOL TELEPHONE:** ( ) \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**PRINCIPAL'S SIGNATURE OF SUPPORT:** \_\_\_\_\_

Your application should contain an original and one copy of the following, in this order: (1) Application Cover Sheet, (2) a letter giving your qualifications and reasons for applying, (3) a resume, (4) a recent transcript, and (5) a letter of support from a teacher or research mentor. PLEASE do not bind your application or place it in a folder. Staple items 1-5 together with one staple in the top left hand corner. For questions about the program and photos, visit [www.sciencecamp.org](http://www.sciencecamp.org).

**MAIL FIRST CLASS or DELIVER BY HAND all information so that it is received no later than 5:00 p.m. Monday, May 6, 2002, to:**

Kelly Riley, Policy Liaison  
Office of the Governor  
P.O. Box 139  
Jackson, MS 39205-0139

Kelly Riley, Policy Liaison  
Office of the Governor  
501 N. West Street  
Woolfolk Building, 15<sup>th</sup> Floor  
Jackson, MS 39201 (HAND DELIVERED)

**Applications may be faxed to the attention of Kelly Riley at 601-359-3741.**