ASM MATERIALS CAMP℠

Please specify which ASM Materials Camp (location) you are applying for:

1st Preference: _____

2nd Preference: _____

APPLICATION FORM

Part 1

1. Student's Name: _____ Preferred 1st name for name tag: _____
2. Address: _____
   (Street or P.O. Box) City State Zip Country
3. Email Address (most communication will be sent electronically, if possible): _____
4. Citizenship: _____ Social Security No.: _____
5. Sex: _____Male _____ Female Date of Birth: _____
6. Father's Name: _____ Mother's Name: _____
   Address: _____ Address: _____
   City/State/Zip: _____ City/State/Zip: _____
   Tel: _____ Tel: _____
   (Day) (Evening) (Day) (Evening)
7. Grade you will be entering in the Fall of 2006: ____ Junior ____ Senior
8. Name of high school: _____
   School Address: _____
   Street City State Zip Code
9. Principal's Name: _____
10. Current school year's grades on the following subjects (provide grades on most recent grading period):
    - Science: _____
    - Chemistry: _____
    - Physics: _____
    - Mathematics: _____

Part 2

A. Attach a personal statement (**100 words or more**) why you want to be selected to participate in MATERIALS CAMP. Please include your planned college major (if known)/career plans.
B. Attach a maximum of two (2) letters of recommendation.
C. Are you related to an ASM member? Yes____ No ____
   If yes, please provide name of ASM member and your relationship:
   _____ _____
   Name of ASM Member Relationship
D. Attach a copy of most recent report card.
E. Enclose one (1) recent photo, 2x2 or larger, for publication. (Photo will not be returned.)

RETURN ON OR BEFORE **March 1** to:

Jeane Deatherage
Administrator, Foundation Programs
ASM Materials Education Foundation
9639 Kinsman Rd., Materials Park, OH 44073
FAX: 440/338-4634