

2019 APPLICATION

Student Information:

Name _____ Gender _____

Address _____

Student email address: _____ Student Cell number: _____

Name of Parent/Guardian _____ Parent Cell number: _____

Emergency Contact Name: _____ Emergency Contact cell number: _____

Do you have any special needs? Yes ___ No ___

Student School Information:

Name of High School: _____ Grade in Fall 2019: _____

Current Cumulative G.P.A.: _____ G.P.A. in Science Courses: _____

Do you have experience working in a science laboratory? Yes ___ No ___

If yes, please describe below:

List science courses and grades received while attending high school:

Describe science projects or independent research you have participated in at high school or within the community:

Name of Science Teacher providing letter of recommendation: _____

REQUIRED STATEMENT OF INTEREST: *“Describe your interest in science and Why you would like to participate in the LLNL Biotechnology Summer Experience?”* in 350 words or less.

My signature below authorizes my son/daughter to participate in the activity.

Student Signature

Parent Signature