

Flying Cloud Institute

YOUNG WOMEN IN SCIENCE Summer GIRLS!- APPLICATION FORM 2010

Applicant's Name: _____ Parent's Name: _____

Street _____ Town _____ State _____ Zip _____

Telephone: (Home) _____ (Office) _____ (Emergency Contact #) _____ (Doctor #) _____

e-mail address _____ Date of Birth _____

School _____ Grade completed on 6/10 _____ Science Teacher _____

TO BE ANSWERED BY APPLICANT if you have NOT taken this program in past years. -

(Please attach another sheet of paper.)

1. Why do you want to participate in this program? Write at least 150 words.
2. Please have your science teacher write a recommendation for you and have it sent or emailed to the address below:

Flying Cloud Institute, 731 So. Sandisfield Rd., New Marlborough, MA 01230-2050 e-mail: flyingcloudinstitute@gmail.com