

# 2017 National Youth Science Camp<sup>®</sup>

Operated by the National Youth Science Foundation<sup>®</sup>

## Delegate Application Cover Sheet

<b>Name:</b>			
	<b>Last (Surname)</b>	<b>First</b>	<b>Middle</b>
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Street Address:</b>			
<b>City, State Zip:</b>			
<b>Country:</b>			
<b>Home Telephone:</b>			
<b>Mobile Telephone:</b>			
<b>E-mail Address:</b>			
<hr/>			
<b>School Name:</b>			
<b>School Address:</b>			
<b>City, State Zip, Country:</b>			
<b>School Telephone:</b>			
<hr/>			
<b>1) Parent/Guardian Full Name:</b>			
<b>Relationship:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
<b>Street Address:</b>			
<b>City, State, Zip, Country:</b>			
<b>E-mail Address:</b>		<b>Phone Number:</b>	
<hr/>			
<b>2) Parent/Guardian Full Name:</b>			
<b>Relationship:</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
<b>Street Address:</b>			
<b>City, State, Zip, Country:</b>			
<b>E-mail Address:</b>		<b>Phone Number:</b>	
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<b>Applicant Certification:</b>	I certify that I meet the eligibility requirements and, to the best of my knowledge and belief, that all of the information submitted is true, correct, complete, and made in good faith. Additionally, if I am invited to participate in the National Youth Science Camp that I intend to participate in the entire program from June 14, 2017, through July 8, 2017.		
_____		_____	
<b>Applicant's Signature</b>		<b>Date Signed</b>	