



ASM MATERIALS CAMPSM

University of Tennessee Space Institute

APPLICATION FORM

1. Student's Name: _____ Preferred 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. Sex: _____ Male _____ Female Date of Birth: _____
5. Citizenship _____ If foreign national please provide passport number _____
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 2008: _____ Sophomore _____ Junior _____ Senior
8. Name of high school: _____
School Address: _____
Street City State Zip Code
9. Principal's Name: _____
10. T-shirt size: YS YM YL AS AM AL AXL (circle one)
11. This is a competitive application process so please tell us a little about what your plans or goals for your future are in the area of your education:

12. Attach a copy of you most recent report card.
13. Please have parent or guardian sign for permission to post photographs on the internet or to newspapers after the camp.

RETURN ON OR BEFORE **May 1, 2009**

Carole Thomas

Business Manager for the Center for Laser Applications Department
University of Tennessee-Space Center
411 B.H. Goethert Parkway
Tullahoma, TN 37388
931-393-7485
931-393-7437 (fax)
Email: cthomas@utsi.edu