

*Saturday Science at Argonne*  
a Lecture Series for High School Freshmen and Sophomores  
in Pursuit of a Career in Science and/or Technology

**Jan. 20, Feb. 10, Mar. 10, and April 14, 2001**

Argonne National Laboratory

**APPLICATION FORM**

(PLEASE PRINT OR TYPE)

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**NAME(S) OF SCHOOL CONTACT  
and ACCOMPANYING TEACHER,**

**COUNSELOR, or PARENT**

**Title (e.g., Mr., Ms.)**

**First**

**Middle**

**Last**

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**HIGH SCHOOL**

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**DEPARTMENT**

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**SCHOOL  
MAILING  
ADDRESS**

**Street & No.**

**City & State**

**Zip Code**

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**TELEPHONE NUMBER (include area code)**

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**FAX NUMBER (include area code)**

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**Return Application Form and Student Sign-Up Sheet To:**

*Saturday Science at Argonne*  
Division of Educational Programs, Building 223  
Argonne National Laboratory  
9700 South Cass Avenue  
Argonne, IL 60439-4845  
Telephone: 630-252-4495  
Fax: 630-252-3193  
Email: [kmenozzi@dep.anl.gov](mailto:kmenozzi@dep.anl.gov)

**DEADLINE FOR APPLICATIONS is December 21, 2000.** Applications received thereafter will be considered on a space-available basis. Notification of acceptance will be sent the week of January 8, 2001.

**HIGH SCHOOL NAME:**

*Please print clearly FIRST NAME and LAST NAME of each student.*

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**STUDENT INFORMATION:**

**IF NOT U.S. CITIZEN:**

Student's Name	US Citizen Y N	Citizen of:	Birth City:	Birth Date:	Emergency Contact Number
1. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
2. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
3. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____
4. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____

**ALTERNATE STUDENT INFORMATION:**

**IF NOT U.S. CITIZEN:**

Student's Name	US Citizen Y N	Citizen of:	Birth City:	Birth Date:	Emergency Contact Number
1. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____

**ACCOMPANYING TEACHER, COUNSELOR, OR PARENT INFORMATION:**

**IF NOT U.S. CITIZEN:**

Teacher's Name	US Citizen Y N	Citizen of:	Birth City:	Birth Date:	Emergency Contact Number
1. _____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____	_____

\*\*\*Please be sure to include a signed parental consent form, according to school policy as for any field trip, for each student nominated to participate with this application.\*\*\*