

What is your ethnicity? (Choose all that apply)

- | | |
|---|--|
| <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Prefer not to answer | |

2. Roommate Request

(Please name preferred same-gender roommates. We will try to accommodate but cannot guarantee room assignments.)

1) _____ 2) _____

3. As a participant, do you wish to (choose one only):

present a paper? present a poster? attend sessions only?

Please note that your proposal may be considered for a poster session if not accepted as a paper presentation.

NOTE: Paper and poster presentation applications must include six copies of an abstract prepared on the proper form and six copies of the research paper, as described in the paper and poster presentation checklists.

What is the title of your paper or poster? (Please print clearly.)

An IBM-compatible computer with a CD drive, as well as a computer projector and/or an overhead projector, will be available in each presentation room.

4. To which field of science does your paper or poster belong? Student papers will be presented in sessions organized by the field of science checked here. Choose one field only.

- A. Earth and Space Sciences; Environmental Sciences
- B. Physical Sciences
- C. Medicine; Health/Behavioral and Social Sciences
- D. Mathematic and Computer Sciences
- E. Life Sciences
- F. Engineering, Technology, or Computer Science
(projects that directly apply scientific principles to practical uses)

Presentation categories may change depending on the actual applications received per category.

5. List any persons and their titles who have assisted in your work.

Describe the place where your research was conducted: _____

If presenting a paper or poster, has your work been presented to another group?

Yes No

If yes, where? _____ when? _____

6. Student Applicant

I have read the general information and hereby agree to comply with all policies of, and mandatory attendance at, the *Pennsylvania Junior Science and Humanities Symposium*.

Student's signature: _____ Date: _____

7. Teacher

The following signature is my statement of endorsement and support for this student.

Teacher's signature: _____ Date: _____

Teacher's name (print): _____

E-mail address: _____ Phone no: _____

(This signature is required for all applicants.)

8. Principal

I will excuse this student from attendance at school to attend the *Pennsylvania Junior Science and Humanities Symposium*.

Principal's signature: _____ Date: _____

(This signature is required for all applicants.)

9. Parent or Guardian (Please sign the University Medical Treatment Authorization form below.)

I hereby authorize the clinical staff of University Health Services and/or Mount Nittany Medical Center to provide care that includes routine diagnostic procedures (i.e., X-rays, blood and urine tests) and medical treatment as necessary to my minor son/daughter, _____. I understand that the consent and authorization herein granted do not include major surgical procedures and are valid only during the symposium. Please list any physical conditions that the clinician should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, etc.):

Date of most recent tetanus immunization: _____

(If more than ten years ago, a booster shot is recommended.)

List of all medications:

Penn State program officials will not dispense over-the-counter (OTC) or prescription medications to participants. Participants will be allowed to possess and take OTC and prescription medications on their own if permission is granted in writing by the parent(s)/guardian(s). Both OTC and prescription medications must be in their original containers and listed above.

In the event that an illness or injury would require more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, and if I cannot be reached, I give my consent for the physicians and staff at University Health Services and/or the Emergency/Outpatient Department of Mount Nittany Medical Center to perform any necessary emergency treatment. I have read the general information and hereby agree to all policies of the *Pennsylvania Junior Science and Humanities Symposium*, including mandatory attendance.

Parent or guardian's name: _____

Parent or guardian's signature: _____ Date: _____

Parent or guardian's e-mail address: _____

Name of emergency contact: _____ Phone: _____

Family physician's name: _____ Phone: _____

Personal Release

Additionally, I/we authorize Penn State Conferences to photograph, videotape, and/or audiotape my/our child in promotion of the University's summer youth programs.

Yes

No

Penn State honors the privacy of the participants in its programs and complies with the national regulations regarding health information.

For a summary of the national standard, see www.hhs.gov/ocr/privacy/index.html.

10. Please return this application form with the other student and teacher applications from your school and the nonrefundable application fee of \$85 per registrant payable to Penn State. Send the packet to the address below by February 5, 2010. Be sure to include six copies of your abstract and six copies of your paper if you are applying to present a paper or poster.

Complete this form and send to:
Pennsylvania Junior Science and Humanities Symposium
Conferences and Institutes Registration
The Pennsylvania State University
Box 108
State College PA 16804

**The Social Security number (SSN) you provide for enrollment purposes, or when requesting specific services, will be used by the University to verify your identity for official record keeping and reporting. If you choose not to supply your SSN, certain services—such as transcripts, enrollment verification, tax reporting, and financial aid—may not be available to you, and Penn State cannot guarantee a complete academic record for you. Your SSN will be stored in a central system and used only as a primary source to identify you within the Penn State system; the Penn State ID will be used as the primary identifier.*