



APPLICATION TO ATTEND



**ANNUAL MISSOURI REGIONAL JUNIOR SCIENCE, ENGINEERING AND HUMANITIES SYMPOSIUM
(PLEASE PRINT CLEARLY)**

Name of Science Teacher Participant: Mr./Ms. _____ Date: _____

School Name: _____ Telephone: _____ E-mail: _____

School Address: _____ Zip Code: _____
Street City State

Other Preferred Mailing Address: _____ Zip Code: _____

STUDENT NOMINATIONS

Name of Student (List in order of qualifications)	School Class or Grade	Overall Grade Pt./4.0	Number of Science Courses 9th-12th	Grade Pt. Average in Science	Prior Attendance at JSEHS?	If Yes, JSEHS Paid or Self Paid?	Submitting a Research Paper?	Proposed Paper Title <u>Attach Brief Description</u> (Abstract)
					<input type="checkbox"/> Yes; <input type="checkbox"/> No		<input type="checkbox"/> Yes; <input type="checkbox"/> No	
					<input type="checkbox"/> Yes; <input type="checkbox"/> No		<input type="checkbox"/> Yes; <input type="checkbox"/> No	
					<input type="checkbox"/> Yes; <input type="checkbox"/> No		<input type="checkbox"/> Yes; <input type="checkbox"/> No	
					<input type="checkbox"/> Yes; <input type="checkbox"/> No		<input type="checkbox"/> Yes; <input type="checkbox"/> No	
					<input type="checkbox"/> Yes; <input type="checkbox"/> No		<input type="checkbox"/> Yes; <input type="checkbox"/> No	
					<input type="checkbox"/> Yes; <input type="checkbox"/> No		<input type="checkbox"/> Yes; <input type="checkbox"/> No	

DEADLINE: DECEMBER 1

BE SURE ALL INFORMATION IS COMPLETE AND ACCURATE

Mail To: Nancy Diley, Co-Director

Junior Science, Engineering and Humanities Symposium
238 Research Bldg., University of Missouri-St. Louis
One University Boulevard, St. Louis, MO 63121-4400

