APPLICATION FOR PARTICIPATION
STUDENTS SHOW-ME SCIENCE SKILLS
University of Missouri-St. Louis
Missouri Regional Junior Science, Engineering and Humanities Symposium

Name:_____ Date:_____
(Last) (First) (M.I.)

School:_____ Grade Level:_____

Mailing Address:_____ Zip:_____

E-mail:_____ Telephone Number:_____

Sponsoring Teacher:_____

If a joint presentation name(s) of other student presenter(s):_____

_____

Will you submit a student research paper to JSEHS? ❑ Yes; ❑ No

Title of your JSEHS research paper:_____

Title of proposed demonstration:_____

What is the concept to be demonstrated?_____

_____

What materials and equipment will you use?_____

_____

What are your objectives?_____

_____

Are there hazardous materials or equipment that you intend to use?_____

_____

What cautions or warnings will you impose?_____

_____

Are you covered by health, hospital and accident insurance? ❑ Yes; ❑ No

Name of carrier:_____

On an attached, single page write the complete narrative or script you will use in your presentation. Form due February 15.

Signature:_____ Date:_____