



Application for the Academy of Science and Medicine

(Please print clearly)

Current Grade Level:

Legal Name: Last, _____ First _____ First Name You Use _____ Sex _____ M / F _____ School ID _____

Future Career Goal _____ Date _____
(You must write something here)

Home address _____

_____ Zip _____

Home phone (_____) _____ E-mail Address: _____

Who is your Science Teacher? _____ Math Level _____

What Science Class are you taking? _____ Math Teacher _____

In the space below, please type or write legibly a paragraph explaining why you want to join the Academy. You should include: (1) what you hope to get out of the Academy (what it could do for you) and (2) how the Academy can benefit from your membership. Please check your spelling, punctuation, and grammar.

Return to Ms. Tuason (Room 2205) or Mrs. Antista in the Health Office
Due on Friday, March 27th, 2020