

2020 National Youth Science Camp

Operated by the National Youth Science Foundation

International Delegate Application Cover Sheet

| | | | |
|--------------------------------------|---|--------------------|---------------|
| Name: | | | |
| | Last (Surname) | First | Middle |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary | | |
| Street Address: | | | |
| City, State Zip: | | | |
| Country: | | | |
| Home Telephone: | | | |
| Mobile Telephone: | | | |
| E-mail Address: | | | |
| School Name: | | | |
| School Address: | | | |
| City, State Zip, Country: | | | |
| School Telephone: | | | |
| 1) Parent/Guardian Full Name: | | | |
| Relationship: | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other | | |
| Street Address: | | | |
| City, State, Zip, Country: | | | |
| E-mail Address: | Phone Number: | | |
| 2) Parent/Guardian Full Name: | | | |
| Relationship: | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Step Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other | | |
| Street Address: | | | |
| City, State, Zip, Country: | | | |
| E-mail Address: | Phone Number: | | |
| Applicant Certification: | I certify that I meet the eligibility requirements and that all of the information submitted is true, correct, complete, and made in good faith. Additionally, if I am invited to participate in the National Youth Science Camp I intend to participate in the entire program from June 22, 2020, through July 15, 2020. | | |
| | Applicant's Signature | Date Signed | |