



5. What is the name of the school that you are presently attending?

Name \_\_\_\_\_

**PLEASE PRINT FULL NAME OF SCHOOL**

City \_\_\_\_\_ State \_\_\_\_\_ School Telephone Number \_\_\_\_\_  
(Area Code)

6. Indicate the grade you will be entering at this school in August 2009:

Grade            **9**      **10**      **11**      **12**  
                       

7. Which best describes the location of your school?

Large-size city     Suburb of a large city     Medium-size city  
 Small town             Rural area

8. Please check the type of school this is:

Private religious     Private non-religious     Public                     Don't know

9. Rank in terms of whom you think had the most influence on whether you took (or will take) science or math courses. (1 = most influence; 5 = least influence)

I did             Parents/guardians             Teachers             Counselors             Friends

10. How interested are you in taking more science and mathematics courses at school?

Extremely interested     Very interested     Somewhat interested     Not very interested

11. Check all of the following subjects that you have completed or are currently taking. Please indicate if there was a lab component.

MATHEMATICS/COMPUTER SCIENCE (Check all that apply)	Check here if there was a lab component	SCIENCE (Check all that apply)	Check here if there was a lab component
<input type="checkbox"/> Mathematics, grade 6	<input type="checkbox"/>	<input type="checkbox"/> Science, grade 6	<input type="checkbox"/>
<input type="checkbox"/> Mathematics, grade 7	<input type="checkbox"/>	<input type="checkbox"/> Science, grade 7	<input type="checkbox"/>
<input type="checkbox"/> Mathematics, grade 8	<input type="checkbox"/>	<input type="checkbox"/> Science, grade 8	<input type="checkbox"/>
<input type="checkbox"/> Algebra, 1st year	<input type="checkbox"/>	<input type="checkbox"/> Biological, Environmental, Life Sciences	<input type="checkbox"/>
<input type="checkbox"/> Algebra, 2nd year	<input type="checkbox"/>	<input type="checkbox"/> Chemistry	<input type="checkbox"/>
<input type="checkbox"/> Geometry	<input type="checkbox"/>	<input type="checkbox"/> Physics	<input type="checkbox"/>
<input type="checkbox"/> Trigonometry	<input type="checkbox"/>	<input type="checkbox"/> Physical Science	<input type="checkbox"/>
<input type="checkbox"/> Computer Science I	<input type="checkbox"/>	<input type="checkbox"/> Earth/Space Sciences	<input type="checkbox"/>
<input type="checkbox"/> Computer Science II	<input type="checkbox"/>	<input type="checkbox"/> Advanced Science, AP Science	<input type="checkbox"/>
<input type="checkbox"/> Probability, Discrete Mathematics	<input type="checkbox"/>	<input type="checkbox"/> Calculus	<input type="checkbox"/>
<input type="checkbox"/> Advanced Mathematics, Pre-Calculus	<input type="checkbox"/>	<input type="checkbox"/> AP Calculus	<input type="checkbox"/>
<input type="checkbox"/> Statistics	<input type="checkbox"/>	<input type="checkbox"/> AP Physics	<input type="checkbox"/>

12. What is your approximate average grade this year in all subjects combined?

**Classes**  
**Not Graded**      **A**      **B**      **C**      **D**      **F**

13. For each of the school subjects listed below, mark the statement that best describes your grades from sixth grade until now.

	ENGLISH	MATHEMATICS	SCIENCE	SOCIAL STUDIES
Mostly A's (90-100%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mostly B's (80-89%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mostly C's (70-79%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mostly D's (60-69%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classes are not graded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. How likely is it that you will become a scientist, engineer, or mathematician?  
 Better than 50% chance     50% chance     Less than 50% chance

15. How far in school would you like to go? (Check only one)  
 Won't finish high school  
 Would like to graduate from HS, but won't go any farther  
 Would like to go to vocational, trade or business school after HS  
 Would like to attend college  
 Would like to graduate from college  
 Would like to attend higher level of school after graduating from college

16. If you plan to go to college, list your choice of majors. (See list below)

- First Choice -        Second Choice -        Third Choice -
- |   |   |
|---|---|
| 01 - Agriculture and Natural Resources            | 13 - Library Science                    |
| 02 - Architecture and Environmental Design        | 14 - Mathematics                        |
| 03 - Biological and Life Sciences                 | 15 - Military Sciences                  |
| 04 - Business and Commerce                        | 16 - Philosophy, Religion, and Theology |
| 05 - Communications (Advertising, Business, etc.) | 17 - Astronomy                          |
| 06 - Computer and Information Sciences            | 18 - Chemistry                          |
| 07 - Education                                    | 19 - Earth Sciences and Geology         |
| 08 - Engineering and Engineering Technologies     | 20 - Physics                            |
| 09 - Foreign Languages and Classical Languages    | 21 - Social Sciences                    |
| 10 - Health Professions                           | 22 - Technical and Vocational           |
| 11 - Home Economics                               | 23 - Other, specify _____               |
| 12 - Language and Literature                      |   |

17. How certain are you of your FIRST CHOICE of major in question #16 above?  
 Very certain     Fairly certain     Not certain

18. What is the highest level of schooling completed by your parents or guardians? (CHECK ONLY ONE IN EACH COLUMN.)

Father (or male guardian)	Mother (or female guardian)	
<input type="checkbox"/>	<input type="checkbox"/>	Did not finish high school
<input type="checkbox"/>	<input type="checkbox"/>	Graduated from high school or equivalent (GED)
<input type="checkbox"/>	<input type="checkbox"/>	After graduating from high school, attended a vocational school, a junior college, a community college, or another type of two-year school
<input type="checkbox"/>	<input type="checkbox"/>	After graduating from high school, went to college but did not complete a four year degree
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Master's degree or equivalent
<input type="checkbox"/>	<input type="checkbox"/>	Ph.D., M.D., or other advanced professional degree
<input type="checkbox"/>	<input type="checkbox"/>	Don't know

19. Indicate the present primary occupation of your mother and father (or, if one is deceased or retired, please indicate his or her past primary occupation). (CHECK ONLY ONE IN EACH COLUMN.)

Father (or male guardian)	Mother (or female guardian)	
<input type="checkbox"/>	<input type="checkbox"/>	Engineer (incl. college faculty)
<input type="checkbox"/>	<input type="checkbox"/>	Scientist (incl. college faculty)
<input type="checkbox"/>	<input type="checkbox"/>	Mathematician/Statistician, or computer scientist (incl. college faculty)
<input type="checkbox"/>	<input type="checkbox"/>	Other college faculty
<input type="checkbox"/>	<input type="checkbox"/>	Pre-college math or science teacher
<input type="checkbox"/>	<input type="checkbox"/>	Other pre-college teacher
<input type="checkbox"/>	<input type="checkbox"/>	Health occupations (doctor, nurse, lab technician, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Other professional occupation
<input type="checkbox"/>	<input type="checkbox"/>	All other occupations
<input type="checkbox"/>	<input type="checkbox"/>	Don't know

20. Have you ever attended a summer program for engineering or the sciences?  Yes  No  
 If YES, list the names of the universities or organizations that sponsored the programs you attended and the years you attended.

<b>Name of organization</b>	<b>Year(s) Attended</b>
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21. If offered at your school, have you signed up for an independent study (ISM) course in your next school year?

Yes     
  No     
  Not offered     
  Already taken

22. Indicate below the address of a person who will always know how we can contact you in the future for possible follow-up questions.

Name			
	<b>Last</b>	<b>First</b>	<b>Middle Initial</b>
Relationship			
Address			
	<b>Number</b>	<b>Street</b>	
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Telephone Number			
	<b>(Area Code)</b>		

23. One Page Essay: Attach a one-page essay discussing why you would like to participate in the YES summer program. Include your best idea for an independent study project or an academic area you would like to research.