

85 Prescott Street
Worcester, MA 01605

Intellect Quest '10 Application Form

Name of Applicant

Last Name _____ First Name _____
Street Address _____ City _____ State ____ Zip _____
Gender _____ Age ____ DOB _____ Home Phone _____
School _____ City _____

Parent or Guardian Information

First Contact _____ Second Contact _____
Daytime Phone _____ Daytime Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Please register my child for the following sessions:

____ Division 1 - July 12 - 16, 2010 Must be entering grades 7 or 8 as of September, 2010
____ Division 2 - July 19 - 23, 2010 Must be entering grades 5 or 6 as of September, 2010

PLEASE NOTE: The Director reserves the right to withdraw any camper whose influence or actions are deemed harmful or who will not abide with rules and policies of the session. In the event of dismissal or withdrawal, refunds are not possible. I certify that I have read and understood the information detailed in this application and that the information I have given and released is true and correct. Parents may request, in writing, a copy of the health care and discipline policies.

Cost: \$290.00

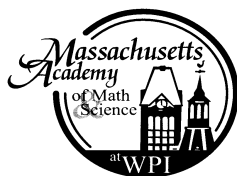
A \$100.00 non refundable deposit is required with a completed application; and full payment is due by July 1, 2010. All checks are to be made payable to: Mass Academy/WPI.

**Be sure to include the
Teacher/Guidance Counselor
recommendation form.**

Parent Name (Please Print)

Parent Signature

Date



Intellect Quest '10

Teacher/Guidance Counselor Recommendation

Intellect Quest

c/o Mass Academy of Mathematics and Science

85 Prescott Street

Worcester, MA 01605

Phone 508-831-5859

Fax 508-831-5880

To the applicant:

Please supply this form to a teacher or counselor who knows you well.

Please type or print clearly.

Name of Applicant

To the Teacher/Guidance Counselor:

Characteristics necessary for success at Intellect Quest '10 are academic strength, maturity, initiative and the ability to work with others.

Please comment on as many of these attributes as possible.

If you have any reservations about this student, please explain.

How would you compare the applicant to his or her peers?

Academic

Fair

Good

Excellent

Extraordinary

Maturity

Interpersonal

Initiative

Name _____

Please Print

School _____

Phone Number _____

Subject Taught: _____

Length of Acquaintance with student _____

Signature of Teacher/Counselor _____

Date _____