



85 Prescott Street  
Worcester, MA 01605  
(508) 831-5859

## Intellect Quest 2017 Application Form

### Name of Applicant

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Gender \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_ 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 10 – 14, 2017 Must be entering grades 7 or 8 as of September, 2017

\_\_\_\_ Division 2 - July 17 – 21, 2017 Must be entering grades 5 or 6 as of September, 2017

**Both sessions are limited to 35 pupils per session, based on a first come, first serve basis**

**PLEASE NOTE:** The Director reserves the right to withdraw any participant 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.

**Total Cost: \$350.00- If you register before May 1, 2017**

**\$400.00 – If application is received after May 1, 2017**

**Note: A \$100.00 non-refundable deposit is required with a completed application; and full payment is due by June 15, 2017. All checks are to be made payable to: Mass Academy WPI.**

**Be sure to include the Teacher recommendation form.**

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Intellect Quest 2017 Teacher 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**

\_\_\_\_\_

*Last Name*

*First Name*

*Middle Initial*

*Name of School*

**To the Teacher/Guidance Counselor:**

Characteristics necessary for success at Intellect Quest '17 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?

	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>Extraordinary</i>
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name \_\_\_\_\_  
*Please Print*

School \_\_\_\_\_

Phone Number \_\_\_\_\_

Subject Taught: \_\_\_\_\_

Length of Acquaintance with student \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_