



Massachusetts Academy of Mathematics and Science at Worcester

85 Prescott Street
Worcester, MA 01605
Phone 508-831-5859
Fax 508-831-5880

Please type or print clearly

Application for entrance

How did you hear about the Academy?

- Word of Mouth
- Newspaper
- School
- Other *(please specify)*

SS# _____

Full Name Male
 Female

Family Name First Name Middle Name

Home Address

Number & Street

City

State/Country Zip Phone ()

Area Code Number

Current Mailing Address

(If different from above)

Date of Birth Place of Birth

Month Day Year City State Country

Are you a U.S. citizen? If no, permanent resident?

Present Secondary School

Name of School

City State/Country Zip Dates Attended

Private Public Parochial

List all OTHER secondary schools attended.

Name of School

City State/Country Zip Dates Attended

Name of School

City State/Country Zip Dates Attended

Family Information

Father's Information

Mother's Information

Name _____

Home Address _____

Position or Title _____

Name of Business _____

Business Address _____

Business Telephone _____

College(s) Attended _____

Degree _____

E-mail address _____

Living? Yes No

Living? Yes No

Activities

List your principal extracurricular, community and family activities and hobbies in the order of their interest to you. Include specific events and/or major accomplishments such as musical instrument played, varsity letters earned, math and science activities, etc.

Math Activities

Science Activities

Technology Activities

Awards

Other Interests

From the above lists of activities, interests, and awards, select the three most important to you.

1st: _____ 2nd: _____ 3rd: _____

Disabled Students

To assist us in providing any necessary services, we ask handicapped individuals to identify themselves.

- I have a:
- vision impairment
 - hearing impairment
 - mobility impairment
 - other _____

Required

Essay: On separate sheet(s) of paper, please supply us with any information that you believe will help us know you better. This may be a personal history, an explanation of past academic performance, a creative work or a description of an important event in your life. Please be sure to include your name and social security number on each of these additional sheets of paper.

Your signature _____ Date _____

Ethnicity

The Massachusetts Academy of Mathematics and Science at Worcester is committed to guaranteeing equality of opportunity in education to students of all racial and ethnic backgrounds.

If you wish to identify yourself as a member of a specific racial or ethnic group, please indicate below:

- African-American
- Asian-American
- Caucasian
- Hispanic
- Native American
- Other (specify) _____

Humanities Teacher

Recommendation

Massachusetts Academy of Mathematics and Science at Worcester

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To the applicant:

Please supply this form to an English, history, arts, music, or world languages teacher who has instructed you in class.

Please print or type.

Name of Applicant

Last Name First Name Middle Name

High School

To the teacher:

Characteristics necessary for success at the Massachusetts Academy of Math and Science are academic strength, creativity, motivation, 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?

	Fair	Good	Very Good	Excellent
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Name _____

School _____

Subject Taught _____

Length of Acquaintance _____

Mathematics Teacher

Recommendation

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To the applicant:

Please supply this form to a mathematics teacher who has instructed you in class.

Please print or type.

Name of Applicant

Last Name First Name Middle Name

High School

To the teacher:

Characteristics necessary for success at the Massachusetts Academy of Math and Science are academic strength, creativity, motivation, 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?

	Fair	Good	Very Good	Excellent
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Name _____

School _____

Subject Taught _____

Length of Acquaintance _____



Science Teacher

Recommendation

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To the applicant:

Please supply this form to a biology, chemistry, computer science or physics teacher who has instructed you in class.

Please print or type.

Name of Applicant

Last Name First Name Middle Name

High School



To the teacher:

Characteristics necessary for success at the Massachusetts Academy of Math and Science are academic strength, creativity, motivation, 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?

	Fair	Good	Very Good	Excellent
Academically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character and personal qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____

Name _____

School _____

Subject Taught _____

Length of Acquaintance _____

Transcript

Request

Please fill in the information to the left and submit this form to your principal or guidance counselor and ask that he or she attach your official transcript of record and forward it to:

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Fax 508-831-5880

Please print or type.

Name of Applicant

Last Name First Name Middle Name

**Comments
concerning this candidate:**

Street Address

City, State/Country, Zip

SS#

If available:

Counselor (please print name)

()

Telephone

Counselor's Signature

This student ranks _____ in a class of _____ based on _____ semesters.

This rank in class is weighted unweighted.

	Fair	Good	Very Good	Excellent
For academic promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>