



# Application for the Academy of Science and Medicine

(Please print clearly)

Current Grade Level: \_\_\_\_\_

Legal Name: Last, \_\_\_\_\_ First Name \_\_\_\_\_ GUSD Student ID # \_\_\_\_\_ Sex \_\_\_\_\_

Future Career Goal \_\_\_\_\_ Date \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone number(\_\_\_\_\_) \_\_\_\_\_

GUSD Email Address: \_\_\_\_\_

**Non-GUSD Email Address:** \_\_\_\_\_

Who is your Science Teacher? \_\_\_\_\_ Current Science Class? \_\_\_\_\_

Math Level \_\_\_\_\_ Math Teacher \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_

In the space below, please type or write legibly a paragraph explaining why you want to join the Academy. You should include: (1) what you hope to get out of the Academy (what it could do for you) and (2) how the Academy can benefit from your membership. Please check your spelling, punctuation, and grammar.