



# Discovering Excellence in Arkansas

Presented by



## Student Application

Teachers may bring up to 3 students per school. Students must be in the 6<sup>th</sup> grade. Applications are due Wednesday, March 2, 2022, with the event on Thursday, March 10, 2022. Applications will be processed in the order they arrive. Please send to Beth Nelsen, [bnelsen@museumofdiscovery.org](mailto:bnelsen@museumofdiscovery.org), fax: 501-396-7054.

### Student Information      **(Use a pen on application. No pencils please.)**

Full Name \_\_\_\_\_

Student Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_

### Teacher Information

Teacher Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### Parent Information

Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_



Discovering Excellence in Arkansas

Request to Apply

Students: Please provide a half page response to the following question:

“Why do you want to attend the Discovering Excellence in Arkansas event?”

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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



**Discovering Excellence in Arkansas  
Letter of Reference**

**One letter of reference must be included in the completed application packet. The letter must be written by a teacher or school counselor. No form letters or letters from family or friends will be accepted.**

Applicant Name: \_\_\_\_\_

Teacher/Counselor Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

\_\_\_\_\_

How long have you known this person? \_\_\_\_\_

Discovering Excellence in Arkansas is intended to encourage 6<sup>th</sup> grade students to consider science, technology, engineering or math as a career. We are looking for students who have the aptitude, interest and potential to succeed in a career in STEM.

Please explain why you feel this applicant should attend this event at the Museum of Discovery.

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Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CONSENT TO USE PHOTOGRAPH, PICTURE, LIKENESS, NAME, COMMENTS,  
OR VOICE IN PUBLICATIONS, ADVERTISEMENTS, AND PROMOTIONS.**

I, \_\_\_\_\_, do fully and freely consent to the use of  
(parent's or guardian's name)

\_\_\_\_\_ photograph, picture, likeness, name, voice, and/or  
(minor's name)

comments, by the Museum of Discovery, in any film, videotape, recording, sound track, drawing, and/or other mechanical means of recording picture and/or sound, or any piece of artwork associated with the Museum of Discovery.

I also consent to the use and reuse thereof in any display, on any television or radio station, and/or in any publication or website for the Museum of Discovery at such time or times as the Museum of Discovery desires to use the same.

I do hereby release and hold harmless the Museum of Discovery from any liability arising out of said participation in an agency publication, advertisement, and/or promotion.

I grant to the Museum of Discovery the right to use, and license others to use the above-named minor's photograph, picture, likeness, name, voice, and/or comments to advertise and publicize the Museum of Discovery. I warrant my right to give this right as parent or guardian of this minor and acknowledge that you will rely on this release.

I understand and agree that I will receive no compensation from Museum of Discovery for the use or reuse of the above-named minor's photograph, picture, likeness, name, voice, and/or comments as described herein.

\_\_\_\_\_  
Name of Participant Date

\_\_\_\_\_  
Signature of Parent or Guardian Date