Discovering Excellence in Arkansas
Presented by

Student Application

Teachers may bring up to 3 students per school. Students must be in the 6th grade. Applications are due Thursday, March 7, 2024, with the event on Thursday, March 14, 2024. Applications will be processed in the order they arrive. Please send to Beth Nelsen, 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 6th 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