



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 by Thursday, March 7, 2024, with the event on Thursday, March 13, 2025. 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
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.

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