



# 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 Thursday, March 5, 2026, with the event on Thursday, March 12, 2026. 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 \_\_\_\_\_

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

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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