



# Quantum Institute



## NSF QuBBE Summer Research Application Forms

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School \_\_\_\_\_ HS Graduation Year \_\_\_\_\_

Grade this Fall/Summer \_\_\_\_\_ Cumulative GPA \_\_\_\_\_ (Add School Transcript\*)

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address (required \*) \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Email Address (required) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you want to live in the dorm overnight for the period of program? -----Yes ----- No

Parent's Approval: ---- Yes ----- No

Please provide a short summary of why you are interested in attending this summer camp.

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How did you hear about the NSF QuBBE Summer Research camp?

NSF QuBBE Presentation, School, Flyer, CSU Website, Parent, Friend, Other (Specify): \_\_\_\_\_

Any special instructions, such as custody or restraining orders must be attached to this application and discussed, personally, with NSF QuBBE Chicago State University program management.

All information will be kept confidential.

For more information and questions contact

Dr. Valerie Goss [vgoss@csu.edu](mailto:vgoss@csu.edu) and Dr. Archie Peters [jpeter24@csu.edu](mailto:jpeter24@csu.edu)

Please send email to Paul Agyebo-Gilberts: Program Recruiter [pagyebo@csu.edu](mailto:pagyebo@csu.edu)

Chemistry, Physics and Engineering Studies, Chicago State University/ WSC Room 220B Tel 773 995 2347

### Funding and Collaborating Partners

