



Discovering Excellence in Arkansas

Presented by



Student Application

One teacher per school may nominate up to 3 students. Students must be in the 6th grade. Applications are due February 26. Please send to Beth Nelsen, bnelsen@museumofdiscovery.org, fax: 501-396-7054.

Student Information

Full Name _____

Student Street Address _____

City/State/Zip Code _____

Home Phone _____

School Name _____ Grade _____

School Address _____ City _____

Teacher Information

Teacher Name _____

Phone number _____

Email _____

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 that you have had within the past 2 years. 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 pursuing a career that involves science, technology, engineering or math. 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: _____

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Photo/Talent Release Form

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 or successor institution, 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 Web site 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