



85 Prescott Street
Worcester, MA 01605
(508) 831-5859

Intellect Quest 2018

Application Form

Name of Applicant

Last Name _____ First Name _____
Street Address _____ City _____ State ____ Zip _____
Gender _____ Age ____ DOB _____ Home Phone _____
School _____ Grade ____ City _____

Parent or Guardian Information

First Contact _____ Second Contact _____
Daytime Phone _____ Daytime Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Please register my child for the following sessions:

____ Division 1 - July 9 – 13, 2018 Must be entering grades 7 or 8 as of September, 2018
____ Division 2 - July 16 – 20, 2018 Must be entering grades 5 or 6 as of September, 2018

Both sessions are limited to 35 pupils per session, based on a first come, first serve basis

PLEASE NOTE: The Director reserves the right to withdraw any participant whose influence or actions are deemed harmful or who will not abide with rules and policies of the session. In the event of dismissal or withdrawal, refunds are not possible. I certify that I have read and understood the information detailed in this application and that the information I have given and released is true and correct. Parents may request, in writing, a copy of the health care and discipline policies.

**Total Cost: \$350.00- If you register before May 1, 2018
\$400.00 – If application is received after May 1, 2018**

Note: A \$100.00 non-refundable deposit is required with a completed application; and full payment is due by June 15, 2018. All checks are to be made payable to: Mass Academy @ WPI. Once admitted to the program, all balances will be made payable via our online payment service.

Be sure to include the Teacher recommendation form.

Parent Name (Please Print)

Parent Signature

Date



Intellect Quest 2018

Teacher Recommendation

Intellect Quest

c/o Mass Academy of Mathematics and Science
85 Prescott Street
Worcester, MA 01605
Phone 508-831-5859
Fax 508-831-5880

To the applicant:

Please supply this form to a teacher or counselor who knows you well.

Please type or print clearly.

Name of Applicant

Last Name

First Name

Middle Initial

Name of School

To the Teacher/Guidance Counselor:

Characteristics necessary for success at Intellect Quest '18 are academic strength, maturity, initiative and the ability to work with others.

Please comment on as many of these attributes as possible.

If you have any reservations about this student, please explain.

How would you compare the applicant to his or her peers?

	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>	<i>Extraordinary</i>
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name

Please Print

School

Phone Number

Subject Taught:

Length of Acquaintance with student

Signature of Teacher

Date