

SUMMER I PROGRAM – Student Application

DEADLINE: JUNE 4, 2018

This form is confidential. It is to be seen only by the applicant, the applicant's parents, the mentor, ACS staff, and SEED Committee members. Income information will be used only for the purpose of verifying eligibility for participation in Project SEED.

STUDENT INFORMATION (Will not be accepted if all fields are not completed.)

Student Legal First Name:	
Student Legal Last Name:	
Home Address	
City:	
State:	
Zip:	
Telephone Number:	
Email:	
Birth Date:	

Gender: (check one) Male ☐ Female ☐ Grade you will enter Fall **2018** _____

Ethnicity: (check one) ☐ Asian ☐ American Indian/Alaskan Native ☐ Black/African American
☐ Hawaiian/Pacific Islander ☐ Hispanic/Latino ☐ White ☐ Other _____
 (please specify)

Photos/Comments Release Statement:

I hereby grant rights to the American Chemical Society to use, edit, reproduce or distribute, and publish my photographs and content of my comments in print or electronic promotional, marketing, and waive all rights to compensation. If a minor, as a parent/guardian hereby gives complete authorization to my child to complete the Project SEED Exit Survey.

(Student Signature/date)

(Parent/Guardian Signature/date)

PARENT/GUARDIAN INFORMATION

You MUST submit a copy of your Parent/Guardian's 2016 IRS 1040 Tax Form for verification of income.

Parent/Guardian's Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Total Annual Family Income:	
Total Number of Family Members:	

(PARENT/GUARDIAN SIGNATURE)

By signing this application, I do certify that as the Parent/Guardian of applicant that the above income form Statement is correct. The income you provide should match the Adjusted Gross income on the **2017** IRS 1040.

STUDENT HIGH SCHOOL INFORMATION

High School Name:	
Address:	
City:	
State:	
City	
Zip:	
Teacher Name:	

Does your school have an ACS ChemClub?
☐ Yes ☐ No

For more information, visit the following website:
www.acs.org/chemclubs

SEED COORDINATOR INFORMATION

SEED Coordinator Name: _____

Coordinator Institution: _____

MENTOR INFORMATION (Please complete all information.)

Mentor Assigned to Student: (This name should have been submitted with SEED online application.)	
Student's Research Project Title: (Must at present be approved by Project SEED Committee)	

I acknowledge that Summer I students should receive a fellowship of \$2,500 and that the cost of supplies and laboratory materials should NOT be deducted from student fellowships.

Mentor's Signature _____

(STUDENT RECEIVES A FELLOWSHIP OF \$2,500)

Students should not begin the program until coordinator/mentor call to verify receipt of this form and their parent's 2017 IRS 1040 Tax Form in our office.

Educational award checks can only be made payable to an Institution, or ACS Local Section. NO payments will be made directly to the students. Please indicate who the check should be made payable to.
Payee To: _____
Payee Tax ID# _____ (Required)
Attention: _____
Address: (Where check is to be sent.) _____ _____ _____
City, State, Zip: _____ _____ _____

Please return this form when you submit the names of your SEED students.

NOTE: NO funds will be released to the program until this form has been received in the Project SEED office in Washington. Funds will be distributed two weeks after receipt of this form.

RETURN TO ACS BY JUNE 4, 2018

American Chemical Society
Project SEED Office
1155 Sixteenth Street, NW
Washington, DC 20036
1-800-227-5558, EXT. 4380
Or email to projectseed@acs.org

Please call to verify receipt.

Students should not start working before this form is completed and submitted to the Project SEED office for approval. The Project SEED office will not be responsible for funds to students that have not been previously approved.