

**A TASTE OF CHEMISTRY
MONELL CHEMICAL SENSES CENTER @ SPRINGSIDE SCHOOL
SUMMER WORKSHOP APPLICATION 2010**

Name: _____

School: _____

School Address: _____ **County:** _____

City: _____ **State:** _____ **Zip Code:** _____

School District: _____

School Telephone: _____ **School Fax:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **cell:** _____

e-mail address: _____

Science Courses Taught in Past Three Years (please indicate course & grade level): _____

Workshop experience in past three years: _____

Principal reason for applying to this workshop: _____

PLEASE COMPLETE AND E-MAIL TO: sstein@springside.org