

A TASTE OF CHEMISTRY
Monell Chemical Senses Center @ Springside Chestnut Hill Academy
Summer Workshop Application 2012

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 phone #: _____

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 BY 6/18/2012 AND E-MAIL TO: ssstein@sch.org