

NEOSEF - Form 1A (required by all applicants)

Copy this page
for your Student

INSTRUCTIONS: Please NEATLY print using blue or black pen, or type all information requested. All application forms must be mailed by Wednesday, February 17, 2010 to Dr. Christine Moravec, Department of Cardiovascular Medicine, Cleveland Clinic, 9500 Euclid Ave. NE61, Cleveland, OH 44195. **NO LATE ENTRIES WILL BE ACCEPTED.** Information about NEOSEF (including our science fair handbook and application forms) can be found on our website at www.neosef.org.

Section 1. Student Information *(Please Note: Your age, race and gender will only be used to compile a demographic summary of fair participants once the fair is completed.)*

Name _____ Phone (____) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Age _____ Gender: Male Female Race _____

Have you ever competed at NEOSEF before? Yes No

Section 2. School Information

Grade _____ Teacher _____ Teacher E-Mail _____

School _____ School Phone (____) _____ School Fax (____) _____

A.) Did your school host a science fair? Yes No

B.) Did you participate in your school's science fair? Yes No

Section 3. Project Information

A.) Project Category and Grade Level *(check ONLY ONE in each section)*

Project Category		Grade Level
<input type="checkbox"/> Behavioral Science	<input type="checkbox"/> Chemistry	<input type="checkbox"/> 7-8
<input type="checkbox"/> Biology	<input type="checkbox"/> Earth/Space Science	<input type="checkbox"/> 9-10
<input type="checkbox"/> Environmental Science	<input type="checkbox"/> Engineering	<input type="checkbox"/> 11-12
<input type="checkbox"/> Medicine/Health	<input type="checkbox"/> Math/Computer Science	
	<input type="checkbox"/> Physics	

B.) Project Title _____

C.) Is your science fair project a continuation from a previous year's project? Yes No

D.) Will your display require access to an electrical outlet at the Science Fair? Yes No