



BBi BIO-BOTICS INSTITUTE



HUDSONALPHA
INSTITUTE FOR BIOTECHNOLOGY

BIO-BOTICS INSTITUTE

Student Application

I wish to participate in the following Bio-botics Institute(s):

Biotech _____

(July 7-10)

Robotics _____

(July 6-9)

STUDENT INFORMATION

Name:

Last

First

Middle [or] Initial

Mailing Address:

Number and Street

City

State

Zip

Contact Number(s): (H) _____ - _____ - _____ (W) _____ - _____ - _____ (C) _____ - _____ - _____

E-Mail Address (Optional): _____

Emergency Contact: _____ Relationship: _____ Phone(s): _____

SSN (Required for \$100 stipend payment): _____ - _____ - _____

Gender: Male ___ Female ___ Age: _____ T-Shirt Size: _____

Algebra/Math Final Average: _____ Biology/Science Final Average: _____

In one paragraph (no more than 50 words), describe your career goals and how certain you are of these goals.

If you are unsure of your career choice, describe things that are of interest to you.

Please turn in your application to your guidance counselor by May 8, 2009.

From May 11th to June 14th, mail your application to: Wallace State Community College

Attention: Career Coaches

P.O. BOX 2000

Hanceville, AL 35077-2000