



Return to:
Amy Parker, Director of Teen Programming
333. W. Broad Street
Columbus, OH 43215

COSI Academy Application 2013-2014

To be filled out by student applicants:

Name: _____

Home Address: _____

Phone Number: (____) _____ Email Address: _____

Date of Birth: _____ Graduation Year: _____

School: _____ School District: _____

Check One: Public school _____ Private school _____

Home school _____ Charter school _____

Name of Parents/Guardians: _____

Parent's Email Address: _____

How did you hear about COSI Academy? Please check all that apply:

Brochure: ____ Teacher: ____ COSI Academy Member: ____ Friend: ____ School: ____

Other (please specify): _____



Please use the space provided to answer the following questions:

Why are you interested in COSI Academy?

If you could go anywhere, in any time or meet anyone to learn about a specific scientific, mathematic, or engineering topics, what experience would you choose? Why would choose this? What would you hope to learn?

What do you hope to gain from COSI Academy?

The information provided in this application is correct to the best of my knowledge:

Signature: _____ **Date:** _____

COSI Academy

Go beyond.

Please send to:

Amy Parker Director of Teen Programming

333 W. Broad St.

Columbus, OH 43215



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