

Participant:

Signature: _____ Date: _____

Parent or Legal Guardian:

Name (printed): _____

Home Phone Number: _____

Other Phone Number (optional): _____

Email Address (optional): _____

Signature: _____ Date: _____

Mathematics Teacher:

Name (printed): _____

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

Please send this form and a **letter of recommendation from your math teacher** to:

Professor Shelly Harvey
Department of Mathematics
Rice University
P.O. Box 1892, MS 136
Houston, TX 77005-1892

You may also

- 1) fax the application and/or letter of recommendation to (713)348-5231 or
- 2) email the application and/or letter recommendation to shelly@rice.edu

Please submit both the application form and the letter of recommendation by **Friday, March 13, 2009.**

Note to teachers: In your letter of recommendation, please verify that the student is

- 1) female,
- 2) a 9th or 10th grader who will have completed Algebra I and Geometry by summer 2009.