

GIRLS AND MATHEMATICS
2007 SUMMER DAY PROGRAM
APPLICATION

Student name: _____

Address: _____

City: _____ Zip Code: _____

E-mail: _____ Phone: _____

Grade in which you were enrolled during the academic year 2006–2007: 6th 7th 8th

To be completed by the applicant's mathematics teacher:

Teacher name: _____ School _____

I recommend _____ for the Girls and Mathematics Summer Program at the University of Virginia.

Signature of Teacher

Send the completed application form to:

Girls and Mathematics
Department of Mathematics
University of Virginia
P. O. Box 400137
Charlottesville, VA 22904-4137