

GIRLS AND MATHEMATICS  
2008 SUMMER DAY PROGRAM  
APPLICATION

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade in which you were enrolled during the academic year 2007-2008: 6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Check T-shirt size: small  medium  large  (adult sizes)

*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

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Send the completed application form to:

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