



Humboldt Field Research Institute  
 PO Box 9, 59 Eagle Hill Road  
 Steuben, ME 04680-0009  
 Phone: 207-546-2821, Fax: -3042  
 E-mail: office@eaglehill.us  
 www.eaglehill.us

## Application for High School Student Scholarships to Attend an Eagle Hill Seminar

Full Name \_\_\_\_\_ M / F \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ E-mail \_\_\_\_\_  
 Please print clearly!

Phone # (day): \_\_\_\_\_ (evening): \_\_\_\_\_

I would like to participate in the following seminar:

Title \_\_\_\_\_

Instructor(s) \_\_\_\_\_ Dates \_\_\_\_\_

Alternate choice: \_\_\_\_\_

Instructor(s) \_\_\_\_\_ Dates \_\_\_\_\_

On separate sheets of paper, please answer the following 2 questions with clear, succinct one-page essays for each.

1. What are your specific interests, goals, and expectations for the above seminar?
2. What experiences have you had that prepare you for pursuing advanced study in the seminar topic?

\* Lunches are provided during the seminar week.

Do you have any special dietary requirements or food allergies we should be aware of?

I do not have any significant dietary restrictions

I am a strict vegetarian

I am a "vegetarian," but I do occasionally eat

cheese  eggs  chicken  fish  shellfish  other animal products: \_\_\_\_\_

I have the following special dietary requirements/allergies:

\* Are you fully able to participate in field trips, some of which may involve hiking over rough terrain? Please indicate any concerns you might have and how we might be able to help you. Information about field trips for seminars is available (please inquire).

\* Do you have any special medical conditions we should be aware of?

\* Other pertinent information, comments, questions, etc., are welcome!

\* Name and phone number in case of emergency:

\* I have attached a letter of recommendation from:

science teacher

my high school principal

I understand that during my stay at the Humboldt Field Research Institute, reasonable efforts will be made to assure my comfort and safety both at the Institute and in the field. I recognize my own responsibilities in this regard. Full details on liability are available.

Signed \_\_\_\_\_ Date \_\_\_\_\_

For more information, please write or call ...

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