## **The Franklin Institute**

222 N. 20th Street Philadelphia, PA 19103

## Application for PACTS Program Off ice Numbers: 215-448-1333 or 215-448-1399

FAX: 215-448-1219

Student Name	Partnerships for Achieving in Technology and Scie
Mailing Address	
City, State, Zip	
Phone Number	
Parent Name & Email Address	
Birth Date/ Ethnicity	y Age Gender
School Attending	Grade Level/Year
Emergency Contact (Name & Relationship)	Emergency Phone #
City/Robotics)?	ch PACTS program are you interested in (Science Investigators/Science in the
What are your career aspirations/goals?	
Are you involved in extracurricular activities in scho	ol? If so, please list the activities below.
Are you interested in Science? Yes  If yes, please list the area(s) of interest.	□ No
Are you enrolled in a science course at school? If yes, please list the name of the science course(s).	Yes No
On Average, what type of grades do you receive?	
Do you have interest in attending college? If yes, what field would you like to study? (If you are	Yes No e unsure, you may list the fields that interest you)
Additional Comments:	
Student Signature	Date
Parent/Guardian Signature	Date CTS Program. I grant permission to him/her to take part in activities held at The

Franklin Institute and field trips. I also understand that any behavioral misconduct from my son/daughter at The Franklin Institute and on field trips may result in dismissal from the PACTS Program. I grant permission for images captured of my child to be used by The Franklin Institute and its authorized partners to publish these images in promotional materials and publications, and wave any rights of compensation or ownership thereto.