



美國華人醫師會

Association of Chinese American Physicians USA, Inc.

ACAP Science Fair Student, School and Research Project Information

Student Information:

First name: _____ Last Name: _____

Date of Birth (mm/dd/yy): _____ Gender: _____

Race/Ethnicity (for statistical use only):

Asian, White, African American, Hispanic/Latino, Native Hawaiian or Pacific Islander,
 American Indian or Alaska Native

Corresponding or home Address:

Street: _____ City: _____ State _____ Zip Code _____

Email: _____ Home Phone: _____ Cell Phone: _____

Student's Signature: _____ Date: _____

School information

Current School Name: _____

Address: Street: _____ City: _____ State: _____ Zip Code: _____

School Science /Research Teacher's Information:

Name: _____ Email: _____ Phone: _____

School Principal's Information:

Name: _____ Email: _____ Phone: _____

Science /Research Teacher approval: I certify that this student is enrolled in our school and approve the student's application for ACAP Science Fair.

Signature: _____ Date: _____

Research Project Information:

Title: _____

Project category:

Biochemistry, Biology, Immunology, Physiology, Microbiology, Molecular biology,
 Toxicology, Other Medical Specialties