

# CHICAGO JSHS Registration Form

Student Name: \_\_\_\_\_  
(As you want it to appear on awards or certificates)

Are you a U.S. citizen or a permanent resident? Yes [ ] No [ ] Male [ ] Female [ ]

Student Social Security #: \_\_\_\_\_  
(REQUIRED for tuition and financial awards)

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

Home phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent or legal Guardian \_\_\_\_\_

School grade: 9 10 11 12 (circle one) Your present age: \_\_\_\_\_

School Name: \_\_\_\_\_

Address of School: \_\_\_\_\_

School phone: \_\_\_\_\_ School fax: \_\_\_\_\_

Sponsoring Teacher: \_\_\_\_\_ Teacher E-mail: \_\_\_\_\_

Mentor Name/Agency/Lab: \_\_\_\_\_

Project Title: \_\_\_\_\_  
\_\_\_\_\_

## **EQUIPMENT NEEDS:**

A computer and projector will be provided. For PowerPoint presentations, bring your presentation on a CD or flash drive **and** bring BACK-UPS on paper.

**PLEASE NOTE: BY PRESENTING YOUR RESEARCH AT THE CHICAGO REGIONAL JSHS, YOU ARE MAKING A COMMITMENT TO ATTEND THE NATIONAL JSHS (May 2-6, 2012, Bethesda, MD.) IF YOU ARE ONE OF THE TOP THREE FINISHERS, YOUR SIGNATURE ON THE LINE BELOW INDICATES THAT YOU HAVE READ THIS STATEMENT AND ACCEPT ITS TERMS. FAILURE TO SIGN WILL DISQUALIFY YOU FROM CONSIDERATION.**

Signature \_\_\_\_\_

**Return this registration form with your abstract and 3 copies of your final paper by February 3, 2012 to:**

Lillian Hardison  
JSHS/History Dept.  
Loyola University Chicago  
Crown Center 529  
1032 W. Sheridan Road  
Chicago, IL 60660

Address all inquiries to:  
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