SAMPLE

 To Be completed online at

 SEFMD.org🡪 general info🡪 online entry

Select Macomb Mathematics Science Technology Center (2413)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Verify School Information Here** |
| School Name | Macomb Mathematics Science Technology Center |
| Address | 27500 Cosgrove |
| City, St Zip | Warren, MI 48092 |
| Phone/Fax | Phone: 586-698-4394       Fax: 586-698-4397 |
| Contact Person | Jamie Hilliard |
| Contact email | jhilliard@wcskids.net |
| OnLine Approval Policy | **Student** must approve entry to complete submission process |
| Functioning IRB | School DOES have a functioning Institutional Review Board |
|  |  |

|  |
| --- |
| **Enter Teacher Information Here** |
| **Select your teacher from the following pull down-list**.  If your teacher is NOT listed, have your teacher add the name by restarting the entry process and checking 'add teacher' |
| Science Teacher                 |

|  |
| --- |
| **Enter Student Information** |
| **First Name** | TEAM LEAD INFO  |
| **Middle Initial (opt)** | TEAM LEAD INFO |
| **Last Name** | TEAM LEAD INFO |
| **Address** | TEAM LEAD INFO |
| **City** | TEAM LEAD INFO |
| **State** | TEAM LEAD INFO |
| **Zip Code** | TEAM LEAD INFO |
| **Area Code/Phone Number** | **(****)**  TEAM LEAD INFO |
| **Student's eMail** | TEAM LEAD INFO |
| **Student's eMail (re-enter)** |  TEAM LEAD INFO |
| **Password (for changes)** |  | **Note:  Passwords are retained in clear text and will sent to you in emails.** |

|  |
| --- |
| **Optional, notification of awards via text message to your cell phone.  If you would like a text message (in addition to the email) of your awards, please complete the following:** |
| Cell Phone Provider:                            TEAM LEAD INFO  |  Cell Phone number  area code+number, no spaces, all digits            TEAM LEAD INFO                             |

 |

|  |
| --- |
| Please select a Grade from the choices below and also a corresponding category.**YOU MAY SELECT ONLY CATEGORIES THAT ARE IN YOUR DIVISION.** |

 You are a senior division skip to senior

|  |
| --- |
| **JUNIOR DIVISION** |
| **Grade:** | **Classification (also used for Team Projects)** |
|  6 7 8 |  Behavioral & Social Sciences Biochemistry Botany Chemistry Computer Science |  Earth & Space Science Engineering Environmental Science Mathematics Medicine & Health |  Microbiology Physics Zoology **EXHIBITION ONLY        (not judged)** |

Category Descriptions: <https://student.societyforscience.org/intel-isef-categories-and-subcategories>

|  |
| --- |
| **SENIOR DIVISION** |
| **Grade:** | **Classification (also used for Team Projects)** |
|  9 10 11 12 |  Behavioral & Social Sciences Biochemistry Botany Chemistry Computer Science |  Earth & Space Science Engineering Environmental Science Mathematics Medicine & Health |  Microbiology Physics Zoology **EXHIBITION ONLY      (not judged)** |

 YES

|  |  |  |
| --- | --- | --- |
| **Is this a TEAM Project?** | **Yes** | **No** |

|  |
| --- |
| **If you selected TEAM Project, please specify the names of the other  team members here:** |
|   | **First Name** | **Last Name** |
| **Team Member 2** |  Partner Info  | Partner Info |
| **Team Member 3** |  |  |

**SECTION 2 See me and Rules Guide pg noted**

|  |
| --- |
| **SRC Information:  Check ALL the items that apply to your research.  You MUST check at least ONE checkbox in this section** |
|  |  | **Humans - requires prior IRB approval.  Additional forms req'd, Cklist, 1A,1B,4 (1C,2,3 if needed) (SRC-1)**https://student.societyforscience.org/human-participants |
|  |  | **Nonhuman Vertebrate Animals**- requires prior SRC approval.  Forms: Cklist, 1A,1B,5A, or 5B (also 1C,2,3 if req'd) (SRC-2) animals tissue or their fluids https://student.societyforscience.org/vertebrate-animals |
|  |  | **Potentially Hazardous Biological Agents** - requires prior SRC approval.  Forms Cklist, 1A,1B, 6A (1C,2,3,6B if needed) (SRC-3) Includes bacteria https://student.societyforscience.org/Potentially-Hazardous-Biological-Agents |
| **The following do not require prior SRC/IRB approval but DO require additional forms.  Bring forms with project and leave a copy of forms with project** |
|  |  | Hazardous Substances. Controlled Substances, or Devices - Forms Cklist, 1A, 1B, 3 (1C and/or 2 if required)(SRC-5)https://student.societyforscience.org/hazardous-chemicals-activities-or-devices |
|  |  | None of the above - Forms C list, 1A, 1B (1C if industrial or institutional settings)  (SRC-6)Off site work requires a 1C  |

|  |
| --- |
| **Has this project, or any portion of this project, entered other competitions (other than local school science fairs) like Siemens competitions, etc?** |
| Yes  **No** | If yes, which?  >How was the projected entered in that competition?  As a     Team    Individual    Both |

|  |
| --- |
| **Project Information** |
| **Title This can’t be changed make it good and scientifically appropriate**  |   |
| **In a local school fair?** |  **Yes**  No   (Was this project in a local School Science Fair?) |
| **Continuation?** |  Yes  **No**   (Was this project a continuation from Previous Years?) |
| **Started?** |    (Starting date of experimentation - format is:  mm/dd/yy) **10/08/14** |
| **Name/Address where research done** | **If at school USE MMSTC address** **27500 Cosgrove Warren MI 48092** |
| **Research Plan/Abstract****You can cut and paste your research proposal here that we presented to the staff for project approval** The Phase One Judging Committee must be able to get a clear picture of what you want to prove or demonstrate.

|  |  |
| --- | --- |
| bullet | What data did you need? |
| bullet | How did you get it? |

Some evidence of scientific investigation must be indicated. The project must be more than a mere book report. Be concise. Use your best grammar and spelling. This represents you initiation into the field of scientific reporting. Seize this opportunity to sell your ideas in the best way you can.  **Typically, 250 words - MAXIMUM of 500 words )(3,000 characters)** |   |
| **Bibliography****Pull from Work cited must be in MLA format**List at least **3** Major sources (i.e., science journal articles, books) from your library research.  **List complete URL for Internet research. References as: internet and google.com are not acceptable.  List each on a separate line** | Source 1:  Source 2:  Source 3:  All Othrs:      |
| **SRC Approval Status****Tell me what this says**  |   For Senior Division Students, if you required prior SRC approval, this is your SRC approval status (supplied automatically, you can not change) |

**TEAM LEAD INFO**

|  |
| --- |
| **Statistical Information(required for our fund raising efforts)** |
| **Sex** |  Male  Female |   | **Race** |  Hispanic African American Native American White/Caucasian Other |
| **Age** |  |

****

**Is this entry complete?  After the 'yes' button is selected, the entry will be submitted and no further changes/updates will be permitted.  The project is not considered to have been submitted until the entry is considered complete.
       Yes - Entry is complete
       No - Entry is not complete (allow further updates/changes)**

**DISCLAIMER:  I agree that SEFMD may photograph, video tape, record, interview and/or have others photograph, video tape, record, and/or interview me with events associated with the Science Fair and may use these materials in various news releases and marketing materials.**

**                                **

[**Cancel Entry and Return to Main Page**](https://www.sefmd.org/home.htm)