

**Application Form
USC High School Math Contest**

DATE _____

Name of High School _____

Address _____

City _____ State _____ ZIP _____

Phone (School) _____ FAX _____

The following information will be used to separate schools into two divisions for team awards.

Athletic division _____ Number of students in grades 10-12 _____ Number of mathematics faculty _____

Approximate number of students enrolled in Algebra III and Trigonometry or higher _____

Does your school offer an AP Calculus program? Yes No

If yes: Approximate number of students taking Calculus **AB** last year _____ Calculus **BC** last year _____

Mathematics Team Teachers:

_____ Phone _____ Email _____

_____ Phone _____ Email _____

_____ Phone _____ Email _____

Team Roster

Please list the names of your team members (12 or less) as they would appear on a certificate. Each school will need at least 3 student participants in order to be eligible for team awards. Also indicate the grade-level for each student. You may update this list of names at a later time.

1. _____ Grade _____

2. _____ Grade _____

3. _____ Grade _____

4. _____ Grade _____

5. _____ Grade _____

6. _____ Grade _____

7. _____ Grade _____

8. _____ Grade _____

9. _____ Grade _____

10. _____ Grade _____

11. _____ Grade _____

12. _____ Grade _____

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*****IF YOU DO NOT RECEIVE A CONFIRMATION LETTER AT LEAST TWO WEEKS
BEFORE THE CONTEST, PLEASE CONTACT AMBER*****