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 ________

Mail or FAX by to: Amber Redman Department of Mathematics FAX: (803) 777-3783
LeConte 411 University of South Carolina Columbia, SC 29208

Questions: Phone: (803) 777-5313, Email: amber@math.sc.edu

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