

SUBMIT THIS FORM TO RECEIVE YOUR STIPEND

LIST OF REQUIRED EXPERIMENT MATERIALS

Robert H. Herndon Memorial Science Competition

School Name: _____

Faculty Advisor: _____

School Address: _____

School Telephone: _____

**PROJECT CATEGORY
(Select one)**

- (a) Chemistry
- (b) Computers
- (c) Physics
- (d) Engineering
- (e) Robotics
- (f) Aeronautics
- (g) Environmental Science
- (h) Biology

Item(s) Requested	Quantity	Estimated Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total \$ _____

School Tax ID: _____

Faculty Advisor Signature: _____

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E-mail form to herndonscience@aero.org by **March 8th, 2024**