

# ABSTRACT

## The Illinois Junior Academy of Science

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CATEGORY	_____	STATE REGION #	6
SCHOOL	Our Lady of the Wayside	IJAS SCHOOL #	6020
CITY/ZIP	Arlington Heights, 60005	SCHOOL PHONE #	847-255-0050
SPONSOR	Mrs. Chris Bremner		

MARK ONE:    EXPERIMENTAL INVESTIGATION                       DESIGN INVESTIGATION

NAME OF SCIENTIST*	_____	GRADE	_____
NAME OF SCIENTIST	_____	GRADE	_____
NAME OF SCIENTIST	_____	GRADE	_____
NAME OF SCIENTIST	_____	GRADE	_____

\* If this project is awarded a monetary prize, the check will be written in this scientist's name, and it will be his/her responsibility to distribute the prize money equally among all participating scientists.

PROJECT TITLE \_\_\_\_\_

**Purpose:**

**Procedure:**

**Conclusion:**

- 1) Limit Abstract to 3 paragraphs (about 200 words or less). a) Purpose - what you set out to investigate; b) Procedure - how you did it; c) Conclusion - based on your results. Label each paragraph.
- 2) Must be typed, single-spaced on the front of this form. Do not write on the back of this form.
- 3) Three copies of your complete paper are required at the State Science Project Exposition. Four copies of your complete paper are required for the State Paper Session Competition.

**This form must be used.** This form **must** be displayed on the front of the exhibitor's display board. It may be reduced to half a sheet of 8.5 inches (vertical) X 5.5 inches (horizontal).