

Part I. STUDENT DATA, continued

Gender (required):

Male Female

Ethnic group (optional):

African American

Latino/a

Pacific Islander

Asian (not Pacific Islander)

Multiracial/Ethnic

Other (Please Specify):

Caucasian (not Latino/a)

Native American

Name of Local/Community Newspaper: (i.e. *The Bellevue Reporter*) _____

Please refer to www.l.leg.wa.gov/legislature/ to find your **Washington State** legislative district and legislators.

Washington State Legislative District # _____

Washington State Senator: _____

Washington State Representative, Position 1: _____

Washington State Representative, Position 2: _____

I give Washington Aerospace Scholars permission to release my student's name and mailing address to their Washington State Senator or Representative for recognition of their participation in the program.

Parent/Guardian Signature _____

Date _____

Name of Local Rotary Club: _____

Local Rotary Club President: _____

Phone (____) _____

Local Rotary Club Website/Email Address: _____

Part II. STUDENT ESSAY

Please attach an additional sheet addressing the following items. Essay must be typed and 300-500 words.

- How did you become aware of the Washington Aerospace Scholars program?
- Why do you want to participate in this program?
- Please highlight your current activities, hobbies, work and/or volunteer experiences, as well as recent commendations or awards.
- What are your educational interests and goals?
- Educationally and professionally, where do you see yourself in 5 years? 10 years? 15 years?

PART IV. TEACHER / COUNSELOR / PRINCIPAL RECOMMENDATION

*Please complete Part A of this form, and give it to a teacher/counselor/principal at your school who knows you well.
Be sure to give this person ample time to complete the form and return it to you.*

Part A (to be completed by the Student)

Student's Name _____

Name of High School _____

Part B (to be completed by the Teacher/Counselor/Principal)

When completing this recommendation, please bear in mind that Washington Aerospace Scholars offers a rigorous distance learning curriculum and summer residency experience which will require participants to work independently and use effective time management skills. Students should possess appropriate reading, writing, mathematic computation and scientific analysis skills.

Name _____

Position/Title _____

How long have you known this applicant, and in what capacity? _____

What three words come to mind as you consider this applicant? Why? _____

Would you recommend that we accept this applicant as a Washington Aerospace Scholar?

- Yes, without reservations.
- Yes, with reservations.
- No.

Please explain. _____

Signature _____ Date _____

Email Address _____ Phone (_____) _____

PART V. PARENT/GUARDIAN CONSENT

I understand that my daughter/son is being considered for a position in the Washington Aerospace Scholars program, which may include a one-week period, Sunday through Friday at the Museum of Flight in Seattle during June / July 2010. Direct supervision will be provided by a Washington Aerospace Scholars (WAS) / Museum of Flight (MOF) staff member or designated sponsor. I understand that the students will be transported to onsite and offsite activities via WAS/MOF transportation vehicles and chartered buses supplied by WAS/MOF. I certify below that I give permission for my daughter/son to participate in the Washington Aerospace Scholars activities, including the week-long residency session at the Museum of Flight which will include, but is not limited to, hotel lodging, research and hands-on projects, rocket launches, meals, etc. I understand that the risks associated with Washington Aerospace Scholars are minimal in that they are not greater than those encountered in ordinary life. In the event of physical injury or illness, Washington Aerospace Scholars / the Museum of Flight will voluntarily provide or cause to be provided the necessary immediate treatment.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Phone Number (_____) _____ Alternate Phone Number (_____) _____

PART VI. HOTEL SWIMMING POOL AUTHORIZATION / RELEASE

I understand that my daughter/son may, if schedules allow, have an opportunity to access the swimming pool of the resident hotel as a group activity during the WAS summer residency. Rules and regulations of the resident hotel shall prevail. Should this opportunity occur, I:

Grant authority for my daughter/son to participate in swimming pool activities.

Do Not Grant authority for swimming pool activities.

By granting authority, I release and hold harmless Washington Aerospace Scholars (WAS) / Museum of Flight (MOF) from any claim arising out of this activity.

Parent/Guardian Signature _____ Date _____

PART VII. TALENT AUTHORIZATION AND RELEASE

I, _____, hereby grant to Washington Aerospace Scholars (WAS), the Museum of Flight (MOF) and others acting in their behalf, the right to record _____ (my daughter / son)'s person and voice using audio, photographic and video techniques and to use these recordings in the making of WAS/MOF training productions, public information productions, and any other productions intended for official WAS/MOF business. I further grant WAS/MOF the right to use any such productions. I hereby waive all rights of any nature in such recordings and the exhibition thereof. It is understood that this grant includes the right to use, reproduce, distribute and exhibit such photographic, video, or audio productions in any and all media throughout the work without limitation, and to authorize others to do so. It is further understood that this grant is provided at no cost to WAS/MOF and that no compensation of any kind shall be due or expected.

Parent/Guardian Signature _____ Date _____

PART VIII. ACKNOWLEDGMENT: RULES, CODES & POLICIES

I have read and reviewed the Rules of Conduct and Dress Code, and I agree to abide by all regulations given in these documents. I will follow all directions given to me by WAS staff members, mentors and counselors. I have read, understand and agree to the Discipline Policy concerning violations of the Rules of Conduct/Dress Code.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PART IX. SUMMER RESIDENCY DATA

Selection to Phase Two, the Summer Residencies, is not guaranteed to all Phase One participants. Summer Residency participants are selected via competitive process based upon performance with the distance learning curriculum. In the event that you are selected, please provide the following information:

Summer Week Availability and Preferences: Indicate your availability and preferences for the following summer residency sessions. Each session runs from 12:00pm on Sunday to 2:30pm on Friday. Rank your choices from 1-4, with 1 being the most-preferred. Leave blank any weeks for which you are unavailable, and explain in the comment section. WAS cannot guarantee selection to any particular session, and will not permit a student to attend a session while classes are still in session at her/his high school.

- ___ June 20-25, 2010
- ___ June 27- July 2, 2010
- ___ July 11-16, 2010
- ___ July 18-23, 2010

Comments: _____

Shirt Size: women’s ___ (XS-XL) or men’s ___ (S-XXL)

Dietary Restrictions: _____

Allergies: _____

PART X. COMMITMENT FORM

I understand that upon acceptance into the program, I have committed to being a Washington Aerospace Scholar during phase one, the internet-based distance learning, and if selected for phase two, the onsite summer residency.

I understand that to qualify for attendance at a summer residency session, I must complete all of my Phase One assignments, and rank among the top-performing Scholars.

I agree to stay in contact with WAS as required over the next six years in order to give information concerning my choice of college, my choice of major, and my post-graduate plans.

I will do my best to:

- maintain an email relationship with WAS Administration, Counselors, Mentors and fellow Scholars;
- inform WAS Administration of changes to my address and email account;
- inform others about the WAS program, and assist with the recruitment of participants.

I will fulfill the above commitments to WAS to the best of my abilities.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

PART XI. HEALTH INFORMATION / MEDICAL TREATMENT RELEASE

Student Name _____

Address _____

City _____ State _____ Zip _____ Home Phone (_____) _____

Parent Contact Information

Parent/Guardian Name _____ Work Phone (_____) _____

Parent/Guardian Workplace _____

E-mail _____ Cell Phone (_____) _____

Parent/Guardian Name _____ Work Phone (_____) _____

Parent/Guardian Workplace _____

E-mail _____ Cell Phone (_____) _____

Child resides with: _____

Photocopy of Child's medical insurance card enclosed

Please provide emergency contact information, should we be unable to reach a parent/guardian:

Emergency Contact _____ Phone (_____) _____

Relationship to Student _____

General Medical / Health History

Gender _____ Age _____ Date of Birth _____

General Health Appraisal: _____

Operations or Serious Injuries (include dates): _____

Chronic or Recurring Illnesses/Diseases or Allergies: _____

Specific activities to be encouraged: _____

Recommendations and Restrictions

Dietary Restrictions: _____

Activity Restrictions: _____

Other Concerns: _____

PART XI. HEALTH INFORMATION / MEDICAL TREATMENT RELEASE, continued

Medications

Please list **all** medications (including over-the-counter or non-prescription drugs) taken routinely. Medications must be kept in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration.

Med.#1: _____	Dosage: _____
Specific times taken each day: _____	Duration: _____
Reason for taking: _____	
Med.#2: _____	Dosage: _____
Specific times taken each day: _____	Duration: _____
Reason for taking: _____	
Med.#3: _____	Dosage: _____
Specific times taken each day: _____	Duration: _____
Reason for taking: _____	

Specific comments or instructions regarding medications: _____

Parent/Guardian's Authorization

To the best of my knowledge, this health history is correct, and the person herein described has permission to engage in all WAS activities except as noted by a physician.

Medical Treatment: I give permission for my child to be given emergency treatment by a WAS / Museum of Flight staff member. I also give permission for my child to be transported by ambulance, treated by aid personnel, and/or transported to an emergency center for treatment. In the event I cannot be contacted, I further consent to medical, surgical and hospital care treatment, and procedures to be performed for my child by a licensed physician or hospital selected by the WAS Coordinator or Director of Education when deemed immediately necessary or advisable by the physician to safeguard my child's health. I will be responsible for any medical or other charges incurred in connection with my child's participation.

Parent/Guardian Signature _____ Date _____

Please keep this and the following pages for your future reference. Do not return them with your application.

APPENDIX A - SUMMER RESIDENCY RULES OF CONDUCT AND POLICIES

Summer Residency Rules of Conduct

Students must be supervised by a WAS staff member or designee at all times. Counselors will enforce the following rules, as well as the dress code, safety, and technology policies.

- **Transportation** - Students will be transported to and from the lodging facility and facility tours by charter bus and van. Students must observe all school bus and van rules regarding conduct, including the use of seatbelts, while aboard. Students are not permitted to access their personal vehicles during the residencies.
- **Internet** - While at the Museum of Flight, the Internet is not to be used for personal reasons, only for project research. Internet use is monitored by Museum of Flight IT staff. Sites containing sensitive materials of any nature and chat rooms are strictly forbidden. Visiting such sites will result in termination of a student's residency.
- **Badges** – The Museum of Flight issues an identification badge at the beginning of the residency. Participants must wear this badge at all times. Badges should be visible and worn above the waist.
- **Cell Phones and Other Electronic Devices** – Students are advised against bringing electronic devices. If these items are brought to the residencies, they must remain in the students' hotel rooms (where they may be vulnerable to theft). Cell phones are not to be used during WAS activities (approximately 8am to 10pm, daily). If a parent needs to speak with a student, he or she should call WAS directly.

Dress Code

Participants should dress appropriately for professional work. This includes attention to appropriate sizing; undergarments should not be visible at any time. Button-down shirts, short-sleeved polo shirts, or t-shirts without slogans are acceptable if they are clean, pressed and tucked in. Tank tops or tube tops are not permitted. Chinos, khakis, or jeans are acceptable. Shorts and skirts are not permitted due to facility tours. Safety precautions also require closed-toe shoes; flip-flops or sandals are not permitted. At the closing luncheon, students must wear their provided WAS polo shirts, and dress pants.

Discipline Policy

The following procedures will be followed in the event of a problem with student conduct:

- I. Any blatant disregard of the rules of conduct, inappropriate or unsafe behavior will result in the student receiving a documented verbal warning from the WAS Coordinator and a phone call to parents. Inappropriate actions that merit immediate disciplinary action will result in student being sent home without a warning.
- II. Documentation of warning and phone conversation will be kept on file.
- III. No other warning will be given. Any other disruption or misbehavior will result in student being sent home.
- IV. Student traveling by plane:
 - Student will be sent home on first available flight.
 - Parent(s)/guardian will be notified of continued discipline problem and given the student's arrival flight information.Student traveling by car:
 - Parent(s)/guardian will be notified of continued discipline problem and given instructions as to where to pick up student.
- V. Student will not be allowed to participate in any other WAS activities and will wait with a WAS representative until parent arrives or flight departs.

Students will be sent home immediately for:

- Leaving the accompaniment of a chaperone (Mentor, Counselor, WAS or Museum of Flight staff) at any time, for any reason, without permission.
- Unacceptable behavior, including but not limited to:
 - using the hotel pool without supervision
 - failing to adhere to the dress code
 - fighting
 - use of offensive language or profanity
 - disregarding safety and technology use rules
 - accessing personal vehicles
 - leaving their rooms after curfew
 - damaging any property (students will also be held financially responsible)
 - stealing (from WAS, the Museum of Flight, the hotel, restaurants or tour locations)
 - drinking alcohol, smoking/using tobacco, or using drugs

WAS PROGRAM TIMELINE

September 1, 2009	Student Application Available
November 6, 2009	Student Application Deadline
Early December 2009	Applicants Informed of Selection via US Mail
December 2009-May 2010	Phase One: Distance Learning with NASA-Designed Curriculum
Early May 2010	Summer Residency Qualification Determined
Late June-July 2010	Phase Two: Summer Residencies hosted by the Museum of Flight

APPLICATION CHECKLIST

Complete applications must be mailed to Washington Aerospace Scholars at the Museum of Flight, and postmarked no later than November 6, 2009:

- PART I Student Data
- PART II Student Essay
- PART III Academic Transcript
- PART IV Teacher / Counselor / Principal Recommendation
- PART V Parent/Guardian Consent
- PART VI Hotel Swimming Pool Authorization/Release
- PART VII Talent Authorization and Release
- PART VIII Acknowledgment: Rules, Codes and Policies
- PART IX Summer Residency Data
- PART X Commitment Form
- PART XI Health Information / Medical Treatment Release

Did you remember to:

- include a copy of your academic transcript?
- include one recommendation from a Teacher, Principal, or Counselor?
- include a copy of your medical insurance card – front and back?
- keep the Appendix for your records?
- keep a photocopy of your application for your records?**

We look forward to receiving your application!

Washington Aerospace Scholars
(206)764-5866

waaerospacescholars@museumofflight.org

**Mail completed applications to:
Washington Aerospace Scholars
The Museum of Flight
9404 East Marginal Way South
Seattle, WA 98108-4097**

ADDITIONAL INFORMATION AND APPLICATIONS AVAILABLE AT
www.museumofflight.org/washingtonaerospacescholars