

Applications must be postmarked no later than **Friday, November 4, 2011**.
Completed applications should be mailed to The Museum of Flight, Attention: WAS Director.



Washington Aerospace Scholars (WAS) is an educational program involving both distance learning and a summer residency experience. NASA provides the distance learning curriculum which focuses on the history and future of space exploration; the summer residency experience is hosted by The Museum of Flight and involves designing a human mission to Mars, field trips to engineering facilities, and hands-on engineering challenges. **Applicants must be high school juniors, residents of Washington State, and United States citizens.** A minimum cumulative GPA of 3.0 is required for full status; however, students with a GPA below 3.0 may be admitted on a conditional basis. Thanks to the Washington Aerospace Scholars Foundation **there is no cost for participation in WAS**, but participants for the Summer Residency are competitively selected based on their performance on the distance learning curriculum. For more information, call 206.764.5866, email waaerospacescholars@museumofflight.org, or visit www.museumofflight.org/washingtonaerospacescholars.

STUDENT APPLICATION 2011-2012

Part I. STUDENT DATA

Last Name First Name Middle Name Preferred Name

Email Address

Home Address

City / State / Zip Code ()
Home Phone

Mailing Address, *if different from Home Address*

City / State / Zip Code ()
Alternate Phone

Date of Birth

Parent/Legal Guardian Name ()
Parent/Legal Guardian's Work or Cell Phone

Parent/Legal Guardian's Email Address

High School Name School District Name, *if applicable*

- Are you a U.S. Citizen?** Yes No
Are you currently a high school junior? Yes No
Are you a Washington State resident? Yes No

Part I. STUDENT DATA, continued

Gender (required):

Male Female

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: _____

Optional information:

Students are strongly encouraged to provide the information requested below. This information is collected for federal reporting purposes only and is not accessible to the project's selection panel.

Ethnicity:

Hispanic or Latino Not Hispanic or not Latino

Race:

American Indian or Native Alaskan Asian (not Pacific Islander) Native Hawaiian or Pacific Islander

Black or African American Multiracial/Ethnic White

Other (Please Specify): _____

Person with a disability:

Yes No

Part II. SCHOOL INFORMATION

_____ High School Name

_____ School District Name, if applicable

_____ Name of Principal

_____ Principal's Email Address

_____ School Address

_____ Name of Academic Counselor

_____ Phone (____) _____

_____ Academic Counselor's Email Address

Upon providing your current high school counselor's name and email address, he or she will be sent an electronic request to provide the following information on official school letterhead: current GPA, class rank, and current grade level confirming eligibility in the project. Please inform individual that he or she will be receiving and email from was@museumofflight.org with instructions. Note: It will be the student's responsibility to follow-up with the person who is providing the verification information to ensure that it is received electronically by Washington Aerospace Scholars by November 23, 2011.

Home School: I am home schooled

Part II. SCHOOL INFORMATION, continued

Post High-School Education:

What are your higher education plans after high school graduation? Please check all that apply.

- No Plans Community College Graduate school
 Career and/or Technical School Four-year College Other _____

Part III. RECOMMENDATION LETTER

As part of your application packet you are required to provide a letter of recommendation from a teacher, school administrator, or counselor who can attest to your academic qualifications.

Recommender's Name _____ Title _____

Institution _____ Phone (with area code) _____

Email _____

Once you have submitted your application, the system will email the person with instructions on how to submit a letter of recommendation on your behalf. Please inform them that they will be receiving an email from was@museumofflight.org with these instructions. Note: It will be the student's responsibility to follow-up with the person who is providing the verification information to ensure that it is received electronically by Washington Aerospace Scholars by November 23, 2011.

Part IV. STUDENT ESSAY

Please attach an additional sheet addressing the following items. Essay must be typed and 750 words or less.

- Explain why you wish to participate in the project and why you would be successful. Describe personal characteristics, strengths and interests to support your explanation.
- Please describe your career aspirations, extra-curricular activities, work experiences, volunteer work, honors, awards and hobbies.
- How did you hear about Washington Aerospace Scholars?

PART V. STUDENT CERTIFICATION (student sign below)

By applying to the project, you are acknowledging the following:

- The responses submitted on this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this application will forfeit my participation in the project.
- Release of name, mailing address, and school to U.S. and/or State Senators and Representatives.
- Release of name, school, city, and state for purposes of project participation press releases.
- Personal responsibility for submission of required online assignments and a final project; adhering to the due dates posted on the website.
- All assignments, including and final project, will be completed using the honor system.
- Online assignments will be graded by certified teachers using the rubric(s) posted on the website.
- Students will be selected for the summer workshop experience bases on the following criterion: completion of application by the deadline, essay content, recommendation letter, certification of GPA/Rank/Class Status, completion, timeliness, and academic performance of all online assignments and the final project.
- Efforts will also be made to ensure geographic diversity of selected participants.
- Should I be selected for the summer experience, I will be available to attend. Refer to website for summer experience dates.
- If my participation, project representatives will contact me to up to six years beyond my participation to learn of my college and career plans. This will be done via email, mail, or phone. This information will be used to assist project representative in determining the impact of the project. I understand my personally identifiable information will not be disclosed.

Student Signature _____

Date _____

PART VI. PARENT/LEGAL GUARDIAN CERTIFICATION (parent/guardian sign below)

By your child applying to the project, you are acknowledging the following:

- I give permission for my student to submit the project application and participate in the on-line community, and summer experience if selected.
- The submission of this application is voluntary and I have reviewed and approved my student responses.
- I give permission for the releases of my child's name, mailing address and school to my child's U.S. and/or State Senators and Representatives.
- I give permission for the release of my child's name, school, city, and state for purposes of project participation press releases.
- The responses submitted on this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this application will forfeit my child's participation in the project.
- My child is personally responsible for submission of required online assignments and final project; adhering to the due dates posted on the website.
- All assignments, including the final product, will be completed using the honor system.
- Online assignments will be graded by certified teachers using the rubric(s) posted on the website.
- Students will selected for the summer residency experience based on the following criterion: completion of application by the deadline, essay content, recommendation letter, GPA/Rank/Class status, completion, timeliness, and academic performance of all online assignments and the final project.
- Efforts will also be made to ensure geographic diversity of selected applicants.
- Should my child be selected for the summer experience, student will be available. Refer to website for summer experience dates.
- If my student participates, project representatives will contact my student up to six years beyond participation to learn of her college and career plans. This will be done via email, mail or phone. This information will be used to assist project representatives in determining the impact of the project. I understand personally identifiable information will not be disclosed.

Parent/Guardian Signature _____

Date _____

An email will be sent to the student and parent/legal guardian's email confirming the student's application.

Keep This Page For Your Records

WAS PROGRAM TIMELINE

September 6, 2011	Student Application Available
November 4, 2011	Student Application Deadline
November 23, 2011	Academic Information and Letter of Recommendation Electronic Submission Deadline
Early December 2011	Applicants Informed of Selection via US Mail
December 2011-May 2012	Phase One: Distance Learning with NASA-Designed Curriculum
Early May 2012	Summer Residency Qualification Determined
Mid-June-July 2012	Phase Two: Summer Residencies hosted by The Museum of Flight <ul style="list-style-type: none">• Session #1- June 17-22• Session #2 – June 24- 29• Session #3 – July 8-13• Session #4 – July 15-20

APPLICATION CHECKLIST

Pages 1-4 must be completed and mailed to Washington Aerospace Scholars at the Museum of Flight, and postmarked no later than November 4, 2011:

- PART I Student Data
- PART II School Information
- PART III Recommendation Letter
- PART IV Student Essay
- PART V Student Certification
- PART VI Parent/Guardian Certification

Did you remember to 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/was