



A STUDENT SCIENCE ENRICHMENT PROGRAM
FUNDED BY THE BURROUGHS WELLCOME FUND

2010 Student Application

Dear Student Applicant:

To be eligible to participate in the Pisgah Astronomical Research Institute Space Science Lab, you must be a high school student and in good academic standing.

Each applicant must submit:

- A Student Application Form, completed, legibly printed or typed.
- An essay (500 words).
- A Parent Consent Form, completed
- One letter of recommendation from a faculty member. This can be emailed through the link on our website or mailed to the application address listed below.

Send your application to

Christi Whitworth, Education Director
Pisgah Astronomical Research Institute
One PARI Drive
Rosman, NC 28772

All materials in support of your application must be submitted by 7 May 2010.

About Space Science Lab: Space Science Lab gives an unprecedented opportunity to high school students to be part of an authentic science research effort and participate in global effort to study the Moon. Students reside at PARI for a week during the summer to begin their lunar research using optical and radio telescopes. The students continue their participation throughout the academic year by using their telescopes remotely. Their observations contribute to an effort to monitor Lunar impacts. Students will enjoy the excitement of observing and measuring lunar phenomena as it occurs, comparing their daily optical and observations. In addition, each student receives a \$150 stipend and free room and board during their weeklong residency at PARI.

Space Science Lab Student Application 2010

Name:	
Student Mailing Address:	
City, State Zip	
County of Residence:	
Student Home Phone:	
Student Cell/Other Phone:	
Student E-mail address:	
Parent Name:	
Parent Mailing Address:	
City, State Zip	
Parent Home Phone:	
Parent Work/Cell Phone:	
Parent e-mail address:	
GPA	
Year of Graduation	
Name of School	
School Address	

Place a "1" in the box for your first choice and a "2" for your second choice of week to attend.	
<input type="checkbox"/>	June 17 – June 22, 2010
<input type="checkbox"/>	June 28 – July 3, 2010

Gender	
<input type="checkbox"/>	Female
<input type="checkbox"/>	Male

List the courses you have taken and your grades in the following subject areas:

Science	Math

Print Student Name _____



Other classes and/or special interests Space Science Lab may consider relevant:

List any awards or special recognition you have received:

List any previous work experience, including volunteer work:

Employer	Your Responsibilities	Dates

List any extracurricular activities, hobbies, sports you are involved in, especially those in which you have a leadership role:

Parental Consent Form

Note: Parent(s) or the student's legal guardian(s) are asked to read and sign this form.

Parent(s), please read the following statements carefully. Your signature indicates your agreement with these provisions and gives your permission for your student's participation.

- ◆ I hereby grant my permission for teachers (selected by my son/daughter) to complete the recommendation forms to be submitted as a part of the complete application package for the PARI Space Science Lab – 2010. I understand that the recommendations may be used in the selection process.
- ◆ I grant my permission for school officials to provide a current educational transcript and understand that the transcript may be used in the selection process.
- ◆ I am aware that this is a highly competitive program with only a few students receiving selection. If selected, I understand that my son/daughter will be offered the opportunity to participate in this program. If the offer is accepted, my son/daughter agrees to participate for the duration of the program.
- ◆ I understand that my son/daughter will be responsible for his/her own transportation to and from PARI.
- ◆ I have reviewed and concur with the information provided by my son/daughter in completing the application materials.

Student Name _____

Parent's Signature _____

Parent's Printed Name _____

Parent's Email Address _____

Mailing Address _____

Home Phone _____ Work Phone _____

Emergency Contact Number _____

Date _____

Print Student Name _____

Teacher Recommendation Information

Please enter the contact information for the teacher who will be submitting a letter of recommendation.

Reference Name	
Title	
School Name	
County	
Mailing Address	
City, State, Zip	
Phone	
Email	
Years Known	
Relationship	

Print Student Name _____

Essay

Use the space below to describe what you expect to gain from an experience at Space Science Lab, how will it be a benefit to you? (500 words, you may use up to one additional page, if necessary)