



## NASA Science, Engineering, Mathematics and Aerospace Academy (SEMAA) Summer 2015 Session Application: York College, CUNY

*The SEMAA Summer 2015 session runs Mon – Fri 9 am-12:00 pm\*, on the York College campus in Jamaica. Lunch will be served. Note that space is limited. Please duplicate and distribute this application as much as needed.*

*\*(Lunch/pickup is between 12-12:30 PM)*

Please choose  one week from the following:     July 6 – 10     July 13 – 17     July 20 – 24

STUDENT INFORMATION		
Student last name:	First name:	Middle initial:
Permanent home address:		Apt. no.:
City:	State:	ZIP code:
Date of birth: _____ Month/Date/Year (e.g., 11/23/2002)		School district: _____ School name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Grade in <b>Spring 2014 (Just Finished)</b>		<i>Note that these are the <b>only</b> grades offered this session and space is extremely limited</i>
<input type="checkbox"/> 1 <sup>st</sup>	<input type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup>
<input type="checkbox"/> 4 <sup>th</sup>	<input type="checkbox"/> 5 <sup>th</sup>	<input type="checkbox"/> 6 <sup>th</sup>
<input type="checkbox"/> 7 <sup>th</sup>		
Has the student previously attended SEMAA? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many previous sessions?		
<b>Has this student participated in any other NASA sponsored activity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Check all that apply: <ul style="list-style-type: none"> <li><input type="checkbox"/> Amateur Radio on the International Space Station (ISS)</li> <li><input type="checkbox"/> Contest/competitions (e.g., FIRST Robotics, Great Moonbuggy Race, Exploring Space Challenge, etc.)</li> <li><input type="checkbox"/> Distance learning activities through the Digital Learning Network (DLN)</li> <li><input type="checkbox"/> Interdisciplinary National Science Program Incorporating Research and Education Experience (INSPIRE)</li> <li><input type="checkbox"/> ISS EarthKAM</li> <li><input type="checkbox"/> Mars Student Imaging Project (MSIP)</li> <li><input type="checkbox"/> MATHCOUNTS</li> <li><input type="checkbox"/> NASA Explorer Schools (NES)</li> <li><input type="checkbox"/> NASA Shadowing/Mentoring Activities and Internships</li> <li><input type="checkbox"/> Reduced Gravity Student Flight Opportunities Program (specify activity)</li> <li><input type="checkbox"/> Other (list any other programs, projects, or activities)</li> </ul>		
PARENT INFORMATION, EMERGENCY CONTACT INFORMATION		
Parent/guardian last name:		Parent/guardian first name:
Telephone no.: (    )		Alternate telephone no.: (    )
Permanent e-mail address (optional):		Alternate e-mail address (optional):
Emergency contact (other than parent)    Last name: _____    First name: _____		
Relationship to student:	Telephone no.: (    )	Alternate telephone no.: (    )

**Please send the completed and signed application, with any optional donation to:  
SEMAA @ York College, 94-20 Guy R. Brewer Blvd., Jamaica, NY 11451.  
Applications are also accepted by fax to 718-262-3751.  
For more information call 718-262-2580 or 718-350-5998.**

<b>SPECIAL NEEDS or ACCOMMODATIONS</b>	
Please list any physical, academic, or other accommodations that your child may require in the classroom or lab:	
Please list any known health problems (allergies, diabetes, asthma, epilepsy, heart trouble, etc.) your child has:	
Please list any dietary needs or restrictions for your child:	
<b>ADDITIONAL INFORMATION (Optional)</b>	
To determine which members of each ethnic/racial group are reached by this program, NASA requests the information below. Submission of this information is <b>VOLUNTARY</b> and will not be used when considering this application.	
<b>Student ethnic background</b> (check appropriate box)	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic/Latino(a)	<input type="checkbox"/> Native Hawaiian/Pacific Islander
<input type="checkbox"/> Other	<input type="checkbox"/> Black/African-American
	<input type="checkbox"/> White (Non-Hispanic)
<b>Does the student qualify for free or reduced price lunch?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>How did you hear about SEMAA?</b> (check all that apply)	
<input type="checkbox"/> Classroom visit	<input type="checkbox"/> Flyer/brochure
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio
<input type="checkbox"/> Student's school	<input type="checkbox"/> Television
<input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Magazine
	<input type="checkbox"/> Religious Institution
	<input type="checkbox"/> Word of mouth
<b>HELP SUPPORT THE PROGRAM (Optional)</b>	
The operational costs of this program are roughly <b>\$150 per student</b> , but through generous donations and grants we are able to offer it to our community <b>free of charge</b> . If you would like to make a tax-deductible donation to the York College SEMAA program, please indicate the level of your support below and attach a check made out to <b>York College/SEMAA</b> . Donations are strictly voluntary and <u>will not</u> be used when considering this application. We accept corporate matching gifts as well. To recommend SEMAA to your organization for a larger contribution, please contact the directors. We accept donations at any time. A letter for tax purposes acknowledging your donation will be sent to the student's home address.	
<input type="checkbox"/> Benefactor: \$300	<input type="checkbox"/> Sponsor: \$150
<input type="checkbox"/> Supporter: \$50	<input type="checkbox"/> Other: \$ _____
<input type="checkbox"/> A matching donation will be provided by my employer (name): _____	

I, \_\_\_\_\_ (Parent/Guardian), do hereby release and discharge National Aeronautics and Space Administration (NASA), the National SEMAA Office, the York College SEMAA site, members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising in any manner from, this child's participation in the project or related activities sponsored by SEMAA. I have read or someone from the SEMAA project has read and explained the information contained in this form to me. I willingly agree and give my consent to let SEMAA enter data about my child and me into its computer information system. I hereby grant to the National Aeronautics and Space Administration (NASA) and others acting on its behalf, the right to record my child and his/her voice using audio, photographic, video, or other such techniques; to include my child's name, likeness, voice and biographical material in connection with these recordings; to use, reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which NASA and those acting pursuant to its authority, deem appropriate.

I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this grant is provided at no cost to the Government and that no compensation of any kind shall be due or expected.

In case of an emergency, consent is granted to the staff of SEMAA to provide medical services through the appropriate medical facilities and/or medical service providers to the child named in this application.

Parent/guardian name (print): \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_