

STUDENT APPLICATION FORM

Advanced Teen Astronomy Camp

June 22-30, 2024

The student is responsible for the entire application process including completion of this form.

Parents and/or guardians must be consulted, review the forms, and provide the appropriate signatures.

Student Information: (PLEASE PRINT CLEARLY)

Name _____ Birthdate: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: (____) - _____

Grade Level (now): _____ Sex: _____ Preferred T-shirt Size (adult - S,M,L,XL): _____

If you have Internet access:

Print your email address **very clearly**: _____

How often do you check your email? _____

Could you use a Web browser to check the Camp "chat page" every few days? _____

Math Background

Math Courses (Completed and Current): Algebra II _____ Geometry _____ Other _____

Current Math Teacher's Name: _____

School Name: _____

School Address: _____

Parent or Guardian Agreement

Names: _____ Email address: _____

Mailing Address: _____

Telephone Numbers: Work: (____) - _____ Home: (____) - _____

My student has permission to attend the Advanced Astronomy Camp. I have read the travel guidelines and COVID Policies at <http://www.astronomycamp.org/docs/atcapp.html>.

The University of Arizona accepts no responsibility for losses or additional expenses due to sickness, weather, strikes, fires, wars, or other causes. All such losses must be borne by the participant. A detailed statement of limitations and exclusions of liability will be provided to participants prior to final payment and is available upon request.

I/we understand and agree that I/we are legally responsible for the tuition and all costs associated with Astronomy Camp and further that this Agreement shall be governed by and subject to the laws of the State of Arizona and shall be deemed for all purposes to be made and fully performed in Arizona.

Parent's Signature: _____ Date: _____

SCHOLARSHIPS and FINANCIAL INFORMATION

Of the ~40 students accepted into the two Astronomy Camps this summer, at least five will be awarded scholarships through funds donated by our Camp alumni. Usually, partial scholarships are awarded with the amount determined by demonstrated financial need. Particular consideration is given to new students.

If you completely fill out the information below, then you will be considered for a scholarship unless you check [] that you don't want to be considered for financial aid, in which case this information is optional but will help us understand the overall impact of Astronomy Camp.

All information is strictly confidential and will be used only for the purpose of awarding this scholarship.

Completed applications are considered on a first-come, first-served basis. You will be notified of our decision no later than March 11 in time to make travel arrangements.

STUDENT Information:

Name: _____

Ethnicity: _____

PARENT or GUARDIAN Information:

Name: _____

Number of people living in household: _____

Number of wage earners living in household: _____

Are you, or your family, presently receiving public assistance?: _____

Are you eligible to receive public assistance?: _____

Estimated household income in 2023:

____ less than \$30,000

____ less than \$60,000

____ less than \$90,000

____ less than \$120,000

____ more than \$120,000

Personal Reference (outside immediate family):

Name: _____

Address: _____

Email: _____

On a separate sheet, please justify your request for financial assistance. DESCRIBE your specific financial and family situation, such as medical bills, employment issues, etc. Your description must specifically demonstrate financial need.