

Please indicate any special medical condition(s) and arrangements that we will need to be aware of.

List any hobbies or strong interests:

1.

2.

3.

List any significant honors or awards you have received both in and out of school:

1.

2.

3.

Personal Statement

Please attach a one-two page personal statement discussing your interest in participating in the NYSCPT. Please include any preliminary ideas you have to incorporate activities related to the Summer Institute research into your own curriculum. We would also like to know how your participation will benefit you, your school, and students.

Resume and References

A resume of your education, teaching experiences, and professional activities must be submitted with this application. Please include two letters of recommendation. One must be from your supervisor (i.e., principal, assistant principal) in your school site.

Declaration of support and commitment from principal /head of school.

As principal or head of school of the participant, I certify that he/she has my approval to participate in the NYSCPT Summer Institute. We (referring to both head of school and participant) understand that participation requires a commitment to the university-school collaborative development and implementation of the New York City ultra high energy cosmic particle telescope being coordinated by the sponsors of the Summer Institute. We agree to support this project with necessary and reasonable resources to assure its success and longevity. Release time will be granted to the participant as part of the school's commitment to the project success and to enable the participant 1) to mentor and encourage students to be part of the project, 2) to disseminate information about the project in the school and at professional and academic meetings, 3) to supervise and secure equipment associated with the project.

Signature of Principal or Head of School

Date

Signature of Applicant

Date

**NEW YORK SCHOOLS COSMIC PARTICLE TELESCOPE PROJECT (NYSCPT)
SUMMER INSTITUTE**

AUGUST 9 - 23, 2002

Application Deadline

Postmark by May 28, 2002

STUDENT APPLICATION FORM

Last, First, Middle

Social Security

Home Address: Number and Street

City, State

Zip Code

Home Phone Number

Date of Birth

Sex (M/F)

Name of High School

School Phone Number

School Address: Number and Street, City, State, Zip Code

Grade Level

Guidance Counselor

E-mail Address

Ethnicity

Father's Name

Mother's Name

Father's Home Address: Number and Street

Mother's Home Address: Number and Street

Father's City, State, Zip Code

Mother's City, State, Zip Code

Father's Occupation

Mother's Occupation

Father's Employer

Mother's Employer

Father's Work Phone Number

Mother's Work Phone Number

Contact in case of emergency (Name, Relation, and Phone Number)

Science Background: List the high school science and math courses, corresponding regents, PSAT, and SAT exams you have taken.

Science Courses	Mathematics	Regents	College Board/Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Briefly describe your academic area of interest:

List Team Members: Please list all the anticipated student and teacher members of your team that will be applying. Please include their high school, grade and home phone number.

1. Teacher

2. Student

Briefly describe your hobbies and other strong interest:

Personal Statement, References, and Transcript/June Report Card

- A) Please attach a one-two page personal statement discussing your interest in participating in the NYSCPT. Please include 1) your participation in science and math activities, both in and out of school 2) any science project(s) you would like to carry in collaboration with NYSCPT 3) areas of science you would like to improve in c) your educational and professional aspirations e) anything you like us to know about you.
- B) Please include two letters of recommendation. One of the two must be from the high school science or math teacher who will be your team member at the Summer Institute.
- C) Please provide an official transcript with your application. Please forward a copy of your final term June report card when you have received it.

List any honors or awards received

Please indicate any special medical condition(s) and arrangements that we will need to be aware of.

Parents/Guardian's Consent

As the parent/guardian of the above student, I give my daughter/son permission to participate in the NYSCPT Summer Institute. I understand that my child is responsible for his or her behavior. I agree not to hold the school or any of its employees responsible for any expenses or injuries that my child may incur while engaged in the program. If in the view of any member of the faculty, my child becomes involved in behavior which presents a danger to him/herself or other students or damage laboratory equipment or facilities, appropriate steps will be taken. I understand that should a health emergency arise, I will be notified; if I cannot be reached by telephone, such medical treatment as deemed necessary by a competent medical personnel is authorized.

Parent or Guardian Signature

Date

Student Applicant Signature

Date

School Signature/Comment

I nominate this student applicant for participation in the New York School Array Project Summer Institute. I am aware that the student will continue to work on their research project at their home high school during the academic year. The school will be expected to give academic support and supervision to participants in the NYSCPT.

School Representative Signature

Date