# NASA GLENN RESEARCH CENTER

## 2011–2012 EXPLORING PROJECT

**Project Description**
The Exploring Project is a collaborative undertaking of Glenn Research Center's (GRC) Educational Programs Office (EPO) and the Boy Scouts of America (BSA). This educational program provides exposure to research and technology activities specific to GRC and is designed to promote students interest in science, technology, engineering, and mathematics (STEM).

Exploring is part of Learning for Life's career education program, affiliated with the BSA, for young men and women who are 14 (and have completed the eighth grade) through 20 years old. Explorer posts are usually initiated by local community organizations by matching their expertise, people, and resources to that of interests of young people in the community.

NASA GRC, in collaboration with the BSA, has hosted Explorer posts since the 1970s. GRC volunteers, who serve as Exploring Advisors, lead these posts and meet once a week from October through April to explore various aspects of science, engineering, technology, NASA, and the GRC.

**Project Goal**
The primary goal of the Exploring Program is to expose students to different career choices. The primary goal of NASA GRC Explorer posts is to expose students to various aspects of STEM career challenges within NASA and GRC.

The EPO is committed to increasing the number and diversity of students from underrepresented and underserved communities in NASA-related STEM fields. Traditionally, underrepresented groups in STEM include females, African-Americans, Hispanics, Native Americans, Pacific Islanders (natives of the Philippines, Guam, American Samoa, or Micronesia), and disabled students. **Please be advised that while the program is open to all equally qualified candidates**, GRC is very interested in recruiting applicants who belong to a recognized underrepresented group in STEM.

**Glenn Research Center**
The NASA Vision—To improve life here, to extend life to there, to find life beyond. The NASA Mission—To pioneer the future in space exploration, scientific discovery, and aeronautics research. As one of NASA's 10 field centers, the John H. Glenn Research Center at Lewis Field supports all NASA missions and the major programs of our Agency.

GRC works as a diverse team in partnership with government, industry, and academia to increase national wealth, safety, security, protect the environment, and explore the universe. GRC is distinguished by its unique blend of aeronautics and spaceflight experience. As we move toward a greater focus on spaceflight hardware development, we are benefiting from our various accomplishments and expertise in aeronautics. Our work is focused on technological advancements in spaceflight systems development, aeropropulsion, space propulsion, power systems, nuclear systems, communication, and human research.

GRC is located in the Great Lakes region of Ohio and occupies a 350-acre site adjacent to Cleveland Hopkins International Airport. The Center comprises over 150 buildings that contain a unique collection of world-class facilities. NASA GRC also includes the 6400-acre Plum Brook Station near Sandusky, Ohio.

You are encouraged to visit the GRC home page to learn more about our research activities and programs at http://www.nasa.gov/centers/glenn/home/index.html

**Eligibility Requirements**

- The applicant must be a U.S. citizen and 14 years old (having completed the eighth grade) by the program start date (Orientation/Kick-Off Meeting: October 11, 2011).
- The applicant must be a permanent resident of Northeast Ohio and be able to attend the weekly meetings.
- The applicant must be recommended by two teachers—a math and science or technology teacher—to participate.

**Program Requirements**

- Students who were 2010–2011 project participants must submit an application and meet the eligibility requirements.
- Students who participated in the same post for 2 years must select a different post unless special permission is given.
- Students and parent(s)/guardians(s) are required to attend the Orientation/Kick-Off Meeting.
- Students are expected to adhere to the tenure period (October to April); no exceptions.
- Students must complete a Pre- and Post-Evaluation. Completion of these forms is a project requirement, as your feedback is integral to the success of our programs.

**Application Information**

Students must complete and return the attached application and forms along with one copy of the entire application packet. Applications can be obtained at the following Web site: www.nasa.gov/centers/glenn/ExploringProject_GRC.html Students seeking to participate in this project must submit a completed application at the Orientation/Kick-Off Meeting on October 11, 2011 at 5:30 p.m., which will be held in Building 3, Auditorium at the following address: 21000 Brookpark Road M.S. 7-4 Cleveland, OH 44135–3191. Placements cannot be made without the signature of a parent or guardian (if applicable) and recommending school official. **Dues for the program are $25 per post membership (multiple memberships is permitted if slots are available).** No personal checks will be accepted for project dues. Return all forms to:

NASA Glenn Research Center
Educational Programs Office
Attn: Exploring Project
21000 Brookpark Road M.S. 7-4
Cleveland, OH 44135–3191

**You must rsvp by October 6, 2011 by contacting the Educational Programs Office at the 216-433-6656 if you plan to attend the October 11, 2011 mandatory Orientation/Kick-Off meeting. This ensures that Security has your name and parent/guardian accompanying you for clearance.**

**Project Selection Process**

Selection in this program is based on the following:

- Eligibility
- Complete application
- Student preference according to first, second, or third choices

**Students should notify the NASA Glenn Educational Programs Office (EPO) by phone, 216-433-6656 or via e-mail, phone (home/cell), or home address changes.** Students should also call or e-mail when inquiring about the status of their application or to obtain additional information.

**The four activity groups in the Glenn Exploring Project are:**

**Post 630, Aeronautics Activities**
Youth in this group explore the basic principles of aerospace vehicles and propulsion systems. The meetings/discussions are led by Glenn engineers and are held at a NASA GRC site. Past activities have included gas turbine engine experiments, wind tunnel model development and testing, various computer model developments, model rocket development, and testing and free flight launches.

**Post 631, Computer Technology**
Youth in this group participate in computer activities based on individual ability level. They learn about invigorating fields in computer technology such as animation and robotics as well as programming and graphics. They are also exposed to the basic architecture of computers.

**Post 632, Balloon Sat Technology**
Youth in this group build, test, launch to 100,000 ft, and recover a payload. Students will have a chance to develop and fly payloads for a flight mission like that of a sounding rocket. They will learn about the atmosphere, experiment design, electronics, and communications associated with the mission. They will develop and fly a Balloon Sat payload into the mid-stratosphere, nearly 20 miles above the ground.

**Post 633, Human Space Flight**
Youth in this group, through hands-on activities, explore the technology required to send astronauts to Mars and discover interesting things such as what is required to ensure astronaut health in space.

**Project Dates**
Post 630—October 20, 2011
Post 631—October 20, 2011
Post 632—October 19, 2011
Post 633—October 13, 2011

# 2011–2012 EXPLORING PROJECT STUDENT APPLICATION FORM
## EDUCATIONAL PROGRAMS OFFICE

*Please print in black or blue ink only.*

Full Legal Name_____ Date of birth_____
Last name, suffix (e.g., Jr.) First name Middle Name — mm dd year (e.g., 10/15/1987)

Place of birth_____ Gender ❒Male ❒Female
City, State, Country

U.S. Citizen ❒Yes ❒No

*Note: If U.S. citizen born outside of the United States or Puerto Rico, you **must** provide the information requested below. If selected you **must** provide documentation prior to start date for acceptance to be finalized.*

Naturalization no._____ Date issued_____ Date expired_____
Passport no._____ Date issued_____ Date expired_____

**You Must Provide <u>Both Addresses</u>:**

Permanent (home) address _____
_____
_____
*City State Please provide your 9-digit ZIP Code*

Telephone no. (_____)_____

Cell no. ( ) _____

Permanent Student's E-mail address
_____

Permanent Parent/Guardian's E-mail address
_____

School name _____
(if homeschooled, write "homeschooled')

School address_____
_____
*City State Please provide your 9-digit ZIP Code*

School Telephone no. (_____)_____

Academic level as of Fall 2012:

❒ HS Freshman ❒ HS Sophomore

❒ HS Junior ❒ HS Senior

**Have you previously applied for or participated in a NASA program?** ❒Yes ❒No ✓ Check any of the following NASA programs you have previously applied for (A) or participated in (P), and indicate the year:

| (A) | (P) | | Year | (A) | (P) | | Year |
|---|---|---|---|---|---|---|---|
| ❒ | ❒ | FIRST | | ❒ | ❒ | INSPIRE | |
| ❒ | ❒ | GRC Exploring | | ❒ | ❒ | NASA Explorers School<br>School name_____ | |
| ❒ | ❒ | GRC LERCIP High School | | ❒ | ❒ | SEMAA<br>Site name_____ | |
| ❒ | ❒ | GRC N.A.S.A. Project | | ❒ | ❒ | Other_____ | |
| ❒ | ❒ | GRC Shadowing Project | | | | | |

**Certification**

I certify by my signature below, that I am a citizen of the United States of America and that all information contained in this application is correct. I further understand and agree that any misrepresentation or inaccurate information on this completed application will be cause for disqualification for consideration from participation in the Exploring Project and other NASA programs**. If selected to participate, I understand I must participate for the full duration of the project (October 2011 through April 2012) and failure to do so or abide by program safety and security policies could result in my termination.**

| Student | Parent/Guardian |
|---|---|
| Printed Name | Printed Name |
| Signature | Signature |
| Date | Date |

**Office use only** Date received_____ Date processed_____ Initials_____

630 631 632 633

**Placement Information**

I am interested in the following activity groups: rank in order of preference 1 to 3 (1 is the highest and 3 is the lowest)

| | |
|---|---|
| _____Post 630 - Aeronautics Activities | **Thursday, 5:00 to 7:00 p.m.** |
| _____Post 631 - Computer Technology | **Thursday, 5:15 to 7:15 p.m.** |
| _____Post 632 - Balloon Sat Technology | **Wednesday, 5:00 to 7:00 p.m.** |
| _____Post 633 - Human Space Flight | **Tuesday, 5:00 to 7:00 p.m.** |

Check those that apply to you:

❒ I have been in the Aeronautics Activities Post 630 for _____ years
❒ I have been in the Computer Technology Post 631 for _____ years
❒ I have been in the Balloon Sat Technology Post 632 for _____ years
❒ I have been in the Human Space Flight Post 633 for _____ years

Comments:_____

**How did you learn about the program?**

❒ Faculty member or school official
❒ Group visit to GRC
❒ Inquiry to NASA about summer opportunities
❒ NASA Web site
❒ GRC Educational Programs staff
❒ GRC Educational Programs Web site
❒ Other (please specify)_____

Relative who works for ❒ NASA or ❒ NASA contractor

_____
*Name/relationship*

_____
*Company name/area/organization*

## ESSAY

Student must prepare a **typed or legibly** printed (using black ink) essay addressing the following:

- Reason(s) for wanting to participate in the NASA Glenn Exploring Project
- What you would like to achieve during your tenure in the project
- What area(s) you would like to improve academically (i.e., math, science, etc.)

## MATH TEACHER RECOMMENDATION FORM
## THIS FORM SHOULD BE RETURNED AS A PART OF THE APPLICATION PACKET.

**When returning this form, please give the applicant ample time to meet the deadline. Applicants must bring this form to the Orientation/Kick-Off Meeting on October 11, 2011, as part of their application packet. Please make two copies of the completed teacher recommendation form, insert the original and two copies in an envelope, sign your name across the seal, and return the envelope to the applicant for packet inclusion.**

_____
Teacher's Name and School

_____
Provide summer address for invitation to students' presentation.

_____
How long have you known the student and in what capacity?

**How would you rate the student in the following areas?** (Check *one per category*)

| | **Excellent** | **Very Good** | **Average** | **Poor** |
|---|---|---|---|---|
| Accepts Responsibility | O | O | O | O |
| Conduct | O | O | O | O |
| Exhibits Leadership | O | O | O | O |
| Follows Rules and Directions | O | O | O | O |
| Independence | O | O | O | O |
| Initiative | O | O | O | O |
| Level of Math Interest | O | O | O | O |
| Team Player | O | O | O | O |
| Writing Skills | O | O | O | O |

| **Overall Program Recommendation** | **Additional Comments:** |
|---|---|
| ❒ Highly Recommend | |
| ❒ Recommend | |
| ❒ Recommend With Reservation | |
| ❒ Do Not Recommend | |

Position_____
School Telephone (___)_____ext._____ Alternate Telephone (___)_____ext._____
E-mail address_____
*Please note that additional comments or letters of recommendation are not needed.*

**Are you interested in:**
❑ Infusing NASA education content into the current curriculum
❑ Developing Project-Based learning units
❑ Attending a free Professional Development Workshop at NASA GRC and tour its facilities next summer (dependent upon teacher interest)
❑Using NASA Explorer schools to extend the current classroom and after school curriculum

Signature: _____Date: _____

## SCIENCE OR TECHNOLOGY TEACHER RECOMMENDATION FORM
## THIS FORM SHOULD BE RETURNED AS A PART OF THE APPLICATION PACKET.

**When returning this form, please give the applicant ample time to meet the deadline. Applicants must bring this form to the Orientation/Kick-Off Meeting on October 11, 2011, as part of their application packet. Please make two copies of the completed teacher recommendation form, insert the original and two copies in an envelope, sign your name across the seal, and return the envelope to the applicant for packet inclusion.**

_____
Teacher's Name and School

_____
Provide summer address for invitation to students' presentation.

_____
How long have you known the student and in what capacity?

**How would you rate the student in the following areas?** (Check *one per category*)

| | **Excellent** | **Very Good** | **Average** | **Poor** |
|---|---|---|---|---|
| Accepts Responsibility | O | O | O | O |
| Conduct | O | O | O | O |
| Exhibits Leadership | O | O | O | O |
| Follows Rules and Directions | O | O | O | O |
| Independence | O | O | O | O |
| Initiative | O | O | O | O |
| Level of Science or Technology Interest | O | O | O | O |
| Team Player | O | O | O | O |
| Writing Skills | O | O | O | O |

| **Overall Program Recommendation** | **Additional Comments:** |
|---|---|
| ❒ Highly Recommend | |
| ❒ Recommend | |
| ❒ Recommend With Reservation | |
| ❒ Do Not Recommend | |

Position_____
School Telephone (___)_____ext._____ Alternate Telephone (___)_____ext._____
E-mail address_____
*Please note that additional comments or letters of recommendation are not needed.*

**Are you interested in:**
❑ Infusing NASA education content into the current curriculum
❑ Developing Project-Based learning units
❑ Attending a free Professional Development Workshop at NASA GRC and tour its facilities next summer (dependent upon teacher interest)
❑Using NASA Explorer schools to extend the current classroom and after school curriculum

Signature: _____Date: _____

## PARENT/GUARDIAN PERMISSION FORM

I understand that my child, _____, is applying to

*Student's name (please print)*

participate in the Glenn Exploring Project from October 2011 through April 2012.

This project entity, also referred to as the NASA Glenn Exploring Project, includes four posts which meet one evening a week for two hours. A NASA sponsor or NASA contractor will provide the student's direct supervision. However, the NASA Glenn Educational Programs Office (EPO) manages the overall program.

If selected for the abovementioned program, I certify by my signature below that

- I grant permission for my son/daughter to participate in the NASA Exploring Project and all program-related activities.
- I ensure that my child will have transportation to and from the NASA Glenn Research Center.
- I grant permission for two teachers (math and science or technology) selected by my son/daughter to complete the Teacher Recommendation forms.
- I am aware that the Teacher Recommendation forms will be used as a selection factor for the Exploring Program at the NASA Glenn Research Center.
- I understand that my child MUST adhere by all the program rules and guidelines established both by NASA and the EPO in order to participate in this program. If my child does not adhere to the rules and regulations, I understand that they could be terminated.
- I understand the failure to abide by program/safety/security policies by my child, could result in termination from the program.
- I understand that my child MUST be courteous and respectful to ALL of the program staff and students. If he/she is not, this is grounds for dismissal from the program.
- I understand that if my child is dismissed from the program for any of the above reasons, he/she will NOT be eligible for participation in NASA Glenn Education Programs in the future.
- I understand that my child is responsible for completing the required Pre and Post Surveys.
- I guarantee my child's participation for the ***entire duration of the program***. *(In the event he/she cannot fulfill this commitment, I understand that his/her position as an Exploring Project student will terminate and dues are nonrefundable.)*
- I authorize the staff to release my child's name and address to educational organizations so he/she can be provided with current information on scholarships, other educational programs, and college financial aid information to enable NASA and its contractors to track and monitor the progress of the Exploring Project participants.

_____

Parent's/guardian's signature of consent  Date

# 2011–2012 Exploring Project Release Form

**For appearance in photographs or other image-based media or production by or for the NASA Glenn Research Center**

*(Completion of form is required)*

John H. Glenn Research Center at Lewis Field
National Aeronautics and Space Administration
21000 Brookpark Road
Cleveland, OH 44135-3191

Glenn Educational Programs Office Workshop/Activity/Event

**2011–2012 Exploring Project**

To the employees of the United States Government, NASA, the Glenn Research Center, its contractors, partners or those acting with its authority and permission I hereby:

a. grant the unrestricted right and permission to copyright and use, re-use, publish, and re-publish photographic or digital images of me and/or my child in which I [we] may be included intact or in part, composite or distorted in character or form, without restriction as to changes or transformations in conjunction with my own or a fictitious name, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

b. permit the use of any printed material in connection herewith.

c. release, discharge and agree to save harmless from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitations any claims for libel or invasion of privacy.

*d. ☐ affirm that **I am over the age of 18** and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns. **Complete required information in box below.**

**AND\OR**

e. ☐ affirm that **I am the parent or legal guardian** for:

_____
*Name of the minor subject(s) depicted in the photographs or digital images*

and have the right to contract for him/her. I have read the above authorization, release, and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns and those of the subject(s) listed above. **Parental/Guardian must complete required information in box below.**

_____ _____
*Printed Name* *Address*

_____ _____ _____ _____
*Signature* *City* *State* *Zip*

_____ (_____)_____
*Date* *Phone*

**Parents who participate and/or plan to attend Glenn Educational Programs Office Workshops/Activities/Events need to check boxes [d] (for self) and [e](for child).*

# Badge Application

PLEASE PRINT

*(See instructions and Privacy Act on reverse side)*

Does employee require computer/network access?

☐ Yes ☐ No

FULL NAME *(Last, first, middle initial)*

SPOUSE'S FULL NAME *(Including Maiden Name)*

GENDER: ☐ Male ☐ Female

WEIGHT: _____ lbs.

HEIGHT: _____ ft. _____ inches

EYE COLOR: _____

HAIR COLOR: _____

RACE: _____

COMPLETE ADDRESS *(Number and Street Name)*

CITY, STATE, COUNTY, ZIP CODE

EMAIL ADDRESS

DATE OF BIRTH

PLACE OF BIRTH *(City, State)* *

SOCIAL SECURITY NUMBER

* If foreign born, provide Alien Registration Number (Green card), Naturalization Number, or Passport and Visa Number

EMPLOYER'S NAME *(i.e. Company, University and/or Affiliation)*

HAVE YOU EVER BEEN ARRESTED, TAKEN INTO CUSTODY, HELD FOR INVESTIGATION OR CONVICTED ON ANY MISDEMEANOR OR FELONY CHARGES?

☐ YES ☐ NO If yes, complete the following: *(Use and attach separate paper if more room is needed.)*

| OFFENSE | YEAR | DISPOSITION |
|---|---|---|
| | | |
| | | |

ESTIMATE TIME YOU WILL WORK AT GLENN RESEARCH CENTER

START DATE: _____ END DATE: _____

I have read both sides of this form and I CERTIFY that the statement s made by me are true and correct to the best of my knowledge and belief and are made in good faith. I acknowledge that my entrance to the Glenn Research Center is conditioned on my compliance with the instructions contained herein.

APPLICANT'S SIGNATURE

DATE

WITNESS SIGNATURE

DATE

BADGE TYPE: *(To be completed by Badge Control Office)*

**GLENN RESEARCH CENTER**

☐ CONSTRUCTION CONTRACTOR
☐ TEMPORARY WORKER
☐ INTERN PROGRAMS
☐ NASA CIVIL SERVANT
☐ PERMANENT CONTRACTOR

**PLUMBROOK STATION**

☐ CONSTRUCTION CONTRACTOR
☐ TEMPORARY WORKER
☐ INTERN PROGRAMS
☐ PERMANENT CONTRACTOR

NCIC CHECK: DATE: _____

NO RECORD ☐ RECORD ☐

*(Approval Required)*

NCIC RUN BY: _____

APPROVED BY: _____

**NASA C-969a** (SEP 10) (Over)

## INSTRUCTIONS

USE OF BADGE

## ALL EMPLOYEES

The badge being issued to you at this time is government property. You are responsible for it's proper display, safeguarding and return.

As a condition of entrance into the Glenn Research Center property, you waive any and all legal immunity from the search of your person, luggage or vehicle, which may be instituted for the purpose of prevention of non-authorized removal or property or other security reasons.

You shall comply with all posted traffic signs such as stop signs, no parking signs, speed limit signs, etc., and instructions of personnel assigned for traffic control purposes. In addition, the motor vehicle laws for the State of Ohio shall apply.

**IN ADDITION TO THE ABOVE, THE FOLLOWING APPLIES TO TEMPORARY, CONSTRUCTION AND SERVICE PERSONNEL**

During normal working hours, 6:00 a.m. to 6:00 p.m., Monday through Friday, the guards at the gates will permit your entrance and departure. If working other than normal hours, advance notification is required via your Glenn COTR/Sponsor to the Security Guard Force located at the Main Gate.

In cases of normal hour entrance wherein badge holders find it necessary to remain after 6:30 p.m., the procedure described in subparagraph four above shall be followed. Guards are under instructions to request all unauthorized personnel to leave the reservation.

Upon completion of your work assignment at this Center, you shall return your badge to the Main Gate.

Should you leave the Glenn Research Center or Plum Brook Station for a period of more than five days for any reason whatsoever, you are requested to surrender your badge in the same manner. Upon returning, your badge will be reissued by the guard upon verification of your current employment.

### PRIVACY ACT NOTICE

Pursuant to Public Law 93-579 *(Privacy Act of 1974)*, the following statement is furnished to individuals supplying information for inclusion in the NASA Security Records System.

AUTHORITY. 42 USC 2165, 2455; 5 USC 1303, 1304, and 3301; 22 USC 1434 and 2585; 5 CFR 5.2; Executive Orders 9397, 10450, 10865, and 12065.

PURPOSES AND USES. The principle purpose for collecting this information is to provide the data necessary to initiate investigations to make a security area access determination. This information may be disclosed to Federal State local, or foreign law enforcement agencies in the course of administrative or criminal investigations; to NASA officials and contractors, as appropriate; or for other routine uses as published in the system notice.

EFFECT OF NONDISCLOSURE. Supplying the information is voluntary on your part. However if you do not furnish this information, the processing of your application will be suspended, and you will receive no further consideration. If you furnish only part of the information required, the processing of your application will be attempted, however, it may be significantly delayed, If the information withheld is found to be essential to processing your application properly, you will be so informed, and your application will receive no further consideration unless you supply the missing information. Although no penalties are authorized if you do not supply the information requested, failure to supply such information could result in your being denied access to government property. A false answer to any question is punishable by law *(Title 18, United States Code, Section 1001)*.

**NASA C-969a** (SEP 10) Reverse

# Emergency Medical Authorization

*(Completion of form is required for processing of application.)*

## NASA Glenn Research Center

| FULL LEGAL NAME OF STUDENT *(Last, suffix (e.g., Jr.), first, middle initial)* | IS STUDENT UNDER 18? ☐ YES ☐ NO | DATE OF BIRTH |
|---|---|---|
| ADDRESS | | HOME TELEPHONE NUMBER |

EMERGENCY CONTACT *(Please include name and relationship and home, work, and cell phone numbers.)*

ALTERNATE EMERGENCY CONTACT *(Please include name and relationship and home, work, and cell phone numbers.)*

Facts concerning the student's medical history to which the medical practitioner should be alerted. Submission of this information is **VOLUNTARY** and will remain **strictly** confidential; however, it would be helpful in time of an emergency medical situation.

ALLERGIES

CURRENT MEDICATIONS

RESTRICTIONS TO ANY ACTIVITIES?

PAST MEDICAL/SURGICAL HISTORY

LAST TETANUS/DIPHTHERIA IMMUNIZATION

MEDICAL INSURANCE INFORMATION OR SUBMIT COPY OF CARD

INSURANCE COMPANY NAME:

GROUP NUMBER:

ID NUMBER:

POLICYHOLDER NAME:

*In the event that reasonable attempts to contact one of the parents of, or the legal guardian of, the above minor are not successful, I hereby give my consent to the administration of medical treatment deemed necessary by the Medical Services Office at the NASA Glenn Research Center. In the event that more extensive medical care is necessary than that given by the Glenn Medical Services Office, I authorize the transfer of the minor to a local hospital by ambulance.*

| SIGNATURE OF PARENT/GUARDIAN | DATE |
|---|---|

**NASA C-10039** (SEP 11)

# Student Information

Name (print): _____

**Program you are applying for: 2011–2012 Exploring Project**

In order to determine the degree to which members of each ethnic and racial group are reached by this announcement, NASA requests that the student check the appropriate block(s) below. Submission of this information is **VOLUNTARY**.

The information solicited on this form will not be available to those responsible for reviewing applications, but will be used by NASA primarily to determine the extent to which various populations are represented in the applicant pool. This information will remain strictly confidential.

Please complete and return with application materials.

**What is your ethnicity** (check one)
- ❑ Do not wish to provide
- ❑ Hispanic or Latino
- ❑ Not Hispanic or Latino

**What is your Race** (check one or more)
- ❑ American Indian or Alaska Native
- ❑ Asian
- ❑ Black or African-American
- ❑ Native Hawaiian or Pacific Islander
- ❑ White
- ❑ Some other race
- ❑ Do not wish to provide

Individual with a disability (check one or more)
- ❑ Hearing impairment
- ❑ Visual impairment
- ❑ Mobility/orthopedic impairment
- ❑ Other _____
- ❑ None
- ❑ Do not wish to provide

Please list any special accommodations required:

_____
_____
_____
_____
_____
_____

# 2011–2012 Exploring Project

## APPLICATION CHECKLIST

1. ____ Completed application (all signatures included)
2. ____ One copy of entire application packet (plus original)
3. ____ Student information
4. ____ Two teacher recommendation forms
5. ____ Badge application
6. ____ Membership dues - $25.00 per post. **NO PERSONAL CHECKS WILL BE ACCEPTED FOR PROJECT DUES.**

## IMPORTANT REMINDERS

1. All application packets must be brought to the October 11, 2011, Orientation/Kick-Off Meeting.
2. You will be contacted about placement status by the selection notification date: Friday, October 14, 2011.
3. Questions can be addressed by phone: 216-433-6656 or e-mail: GRC-Intern@mail.nasa.gov.

**www.nasa.gov**