

Octavia project

Application for Summer 2016

Thanks for your interest in joining Octavia Project!

Octavia Project is a **free summer camp** where young women from Brooklyn explore their love of science fiction and fantasy while gaining skills in science, tech, art, and writing.

The program is a month long and runs from July 1 – July 29. We meet four days a week, Tuesdays through Fridays, from 2pm-5:30pm. Workshops are held at the Flatbush branch of the Brooklyn Public Library, located at 22 Linden Blvd, Brooklyn, NY 11226.

Applications are due June 15 and can be emailed to info@octaviaproject.org or dropped off at the Flatbush Library at the address above. A completed application includes answers to all the questions and a parent/guardian signature in **two** places.

An Octavia Project participant will finish the program armed with:

- An online multi-media portfolio of her work that can be used for college, job, or internship applications.
- Strengthened skills in science, technology, engineering, and math (STEM) as well as digital-media, art, and writing.
- Access to a network of professional women and opportunities for internships in her chosen field.

Octavia Project participants are:

- Young women* from Brooklyn who are 13 to 17 years old. (*The Octavia Project welcomes participants who are trans, gender non-conforming, and questioning.)
- Available to attend workshops Tuesday through Friday afternoons for the month of July.
- Into science fiction, fantasy, fan-fiction, art, writing, science, tech, gaming—or interested in learning more about these topics!

Your first name:

Your last name:

The name you prefer to go by:

Your date of birth (month/day/year):

Your age:

Your preferred gender pronouns:

(Your preferred gender pronouns are the pronouns that you would like others to use when talking to or about you.)

☐ she/her/hers ☐ he/him/his ☐ they/them/theirs ☐ other:_____

Your street address:

Apt #:

City:

State:

Zip:

Your home phone #:

Your cell # (if you have one):

Your email address:

A parent/ guardian's name:

That parent/ guardian's cell phone number:

Name of the school you attended this year:

Your school's address:

Your grade level this year:

Name and address of the school you'll be going to this fall:

Are you planning to work over the summer?

Are you planning to participate in any other programs this summer?

What responsibilities, outside of going to school, do you have? (for example, babysitting, translating for family, picking up sibling from school)

Are you able to commit to a summer program that meets four days a week from July 1-July 29?

☐ Yes

☐ No

How did you hear about Octavia Project? Please include the name of the person and your relationship to them.

Write a three to five sentence autobiography so we can get to know you better.

What are some of the activities you do? What are you interested in? What do you like to do in your free time?

Do you like to read? ☐ Yes ☐ No

What is your favorite book? Who is your favorite author? Why do you like them?

Do you like to write? ☐ Yes ☐ No

What sort of things do you write? (for example, poetry, fan-fic, horror)

If you create art, tell us about the kind of art you make. If you like art, tell us about the kind of art you like.

What do you like to do when you're on the computer? (For example, surf the web, play games, make things, etc.)

Circle the subjects that are of interest to you:

Science Fiction

Fantasy

Anime

Manga

Comics

Superheroes

Fan Fiction

Role playing games

Board games

Computer games

Mythology

Fairy tales

Horror

Outer space

Time travel

Futuristic stories

Harry Potter

Other: _____

What is your favorite part of school?

What is your least favorite part of school?

If you could change one thing about the world, what would you change?

What do you hope to get out of being a part of Octavia Project?

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Parent/Guardian Consent Form

To Parents/Guardians of Minors: Thank you for completing this form. The completion and retention of this form by the Octavia Project is mandatory for your child's participation in the program.

The Octavia Project uses your child's interest in science fiction to build 21st century skills: science and tech workshops will focus on programming, engineering, and digital and media literacy, while art and writing workshops focus on creativity, innovation, communication, and critical thinking. Our participants will have access to women working in science, arts, tech, and humanities; internship and online publishing opportunities; and college-aged mentors. The program runs Tuesday-Friday afternoons for the month of July, and workshops take place at the Flatbush Library in Brooklyn.

I hereby give permission for my child to participate in the Octavia Project, described above. The following conditions apply:

- a) I understand that my child is fully responsible for her actions and behavior at all times during her involvement in the summer program.
- b) I verify that my child is physically and mentally capable of participating in the Octavia Project. I have indicated below any permanent or temporary medical or other condition(s), including special dietary and/or medication needs, which should be known to the Octavia Project and any medical provider who may provide treatment to my child:

- c) In the event of any injury or illness suffered by my child, I authorize the Octavia Project or any of its representatives or teachers, to act on my behalf and to obtain any necessary medical treatment for my child at my expense.

- d) In an emergency I can be reached at the following phone number(s) (please list home, work, and/or cell phone numbers):

Name and phone number(s) of additional emergency contacts:

I certify that I am the parent or guardian of _____, who is under the age of eighteen years, to whom this consent form applies.

Parent/Guardian full name:

Telephone number:

Street Address:

City/State/Zip:

Signature:

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Photo/Video Release Form

I understand that while my child is a participant of the Octavia Project there may be materials published, photographs taken, or video recorded that includes my child's name and/or image. These materials, photos, and recordings may be used to publicize the Octavia Project and share work produced by our participants. By signing this release form, I give permission to Octavia Project to use, publish, and reproduce my child's name and image. I waive any right to compensation related to use of my child's name, image or recording.

I certify that I am the parent or guardian of _____, who is under the age of eighteen years, to whom this release applies.

Parent/Guardian full name:

Parent/ Guardian signature:

Participant signature:

Parent/Guardian Questionnaire (*Optional*)

What do you expect from this program for your child?

What are some life skills that you want your child to learn?

Preferred method of contact: